

Saint Matthew's University

SCHOOL OF MEDICINE

APPLICATION FOR ADMISSION



St. Matthew's University School of Medicine Application Instructions and Checklist

This package contains the forms needed to apply to St. Matthew's University School of Medicine and for financial aid. Application packets that are filled out completely require less handling and will result in timely notification of status. Request for Transcript forms are mailed in window envelopes. Please type or print mailing information clearly. The materials included are:

- ◆ **Application for Admission Form (1)**
- ◆ **Request for Transcript forms (3 per page)**
- ◆ **Letter of Recommendation forms (make copies for additional letters)**

The following materials included are to be used if you are applying for financial aid:

- ◆ **Financial Aid Verification Worksheet (1)**
- ◆ **Financial Aid Statement of Intent for Payment of Tuition (1)**
- ◆ **Loan Disbursement Authorization (1)**
- ◆ **Scholarship Application (1)**

A large postage paid envelope is included to return all materials and information to St. Matthew's University.

The completed Application Packet and Financial Aid Information should be returned to St. Matthew's Admissions Office. Include all of the following. This checklist is provided for your convenience:

- Application for Admission Form**
Please complete ALL parts of the form. Do not leave any sections blank.
- Request for Transcript Forms (academic transcripts)**
All prior credits or degrees must be verified by an official transcript (or score report) mailed directly to St. Matthew's University School of Medicine by the issuing institution(s). If additional Request for Transcript Forms are needed, make a copy of the enclosed original.
 - a. Carefully complete one Request for Transcript Form for EVERY college or university you have attended. Providing complete information on these requests will prevent delays in the admission process.
 - b. Please be SURE you have signed each form in blue ink.
 - c. Mail one form to each institution you have attended.
 - d. Transcripts ineligible for release are the student's responsibility to remedy.
- Personal Statement**
Applicants must submit a personal statement with the application form. This offers an opportunity for the applicant to describe those personal attributes, characteristics, and interests that underlie the decision to study medicine. Participation in research projects, hobbies, and health-related employment or volunteer work may be considered in the deliberations of the admissions committee
- Letters of Recommendation**
Confidential appraisals by college advisors, instructors, or others are an important part of the application. Recommendations should be sought from individuals who know the applicant well. (Additional instructions can be found on the Letter of Recommendation Form.)
- Three Passport Photos - one must be a side (profile) view**
These photos will be used in your student file as well as for student identification badges, etc.
- \$75. Nonrefundable Application Fee (Check or Money Order)**
- MCAT Scores (required on all applications received after January 1, 2007)**
- Current Resume**
- Financial Aid Verification Worksheet:** This form must be completed in full before any financial aid applications can be considered or forwarded to Key Bank, etc. It is REQUIRED for all financial aid recipients.
- Financial Aid Statement of Intent for Payment of tuition**
- Loan Disbursement Authorization:** This form must be completed in full before any financial aid applications can be considered or forwarded to KeyBank, etc. It is REQUIRED for all financial aid recipients).
- Application for Scholarship:** Complete this application only if you meet stated criteria.

Additional information regarding St. Matthew's University School of Medicine may be obtained by contacting the State Board of Independent Colleges and Universities, Department of Education, Tallahassee, FL 32399 (850) 488-8695 or toll free (888) 224-6684

ST. MATTHEW'S UNIVERSITY

SCHOOL OF MEDICINE

APPLICATION FOR ADMISSION

Please print or type then mail completed application with additional documents and six passport photos to:

St. Matthew's University School of Medicine
12124 High Tech Avenue, Suite 350
Oviedo, Florida 32817
Phone: 1.800.498.9700 Fax: 1.800.565.7177
Email: admissions@stmatthews.edu

PLACE CURRENT PHOTO
HERE
(1 OF 3)

STATUS:

___ First Year ___ Advance Standing* ___ Transfer

PROGRAM:

___ MD Program ___ MD/MBA Program

TERM/YEAR: (please be specific)

Fall 07 Spring 08 Summer 08 Fall 08 Spring 09 Summer 09
 Fall 09 Spring 10 Summer10

* Any transfer credits accepted are at the discretion of the University.

GENERAL INFORMATION

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DATE OF BIRTH:** _____
MM/DD/YY

FULL LEGAL NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

PERMANENT ADDRESS:

STREET ADDRESS OR P. O. BOX

CITY STATE COUNTRY ZIP

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **EMAIL:** _____

MARITAL STATUS: ___ SINGLE ___ MARRIED **SEX:** ___ MALE ___ FEMALE

EMERGENCY CONTACT:

RELATIONSHIP: _____ PHONE: _____

EMERGENCY ADDRESS:

STREET ADDRESS OR P. O. BOX

CITY STATE COUNTRY ZIP

ARE YOU A CITIZEN OF THE UNITED STATES? ___ YES ___ NO

IF NOT A CITIZEN, WHAT IS YOUR VISA STATUS: _____

GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES OTHER THAN A MINOR TRAFFIC INFRACTION? ___ YES ___ NO (SMU now requires a local criminal activity report.) (IF THE ANSWER IS YES PLEASE ATTACH A FULL EXPLANATION ON A SEPARATE PAGE.)

HAVE YOU EVER BEEN SUSPENDED, DISMISSED, OR FORCIBLY WITHDRAWN FROM AN INSTITUTION FOR NONACADEMIC REASONS? ___ YES ___ NO
(IF THE ANSWER IS YES, PLEASE ATTACH A FULL EXPLANATION ON SEPARATE PAGE.)

ETHNIC BACKGROUND: (REQUIRED FOR STATE AND FEDERAL REPORTING)

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic-Other (including Cuban) | <input type="checkbox"/> S.E. Asian but not Vietnamese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hispanic- Puertorican-Common Wealth | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic- Puertorican-Mainland | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Israeli | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Japanese | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Other (specify country):
_____ |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Middle-Eastern | |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asia | |
| <input type="checkbox"/> Hispanic-Mexican American or Chicano | <input type="checkbox"/> Other Pacific Islander | |

WHAT IS YOUR FIRST LANGUAGE: _____

WHERE DID YOU FIRST LEARN ABOUT ST. MATTHEW'S UNIVERSITY:

WHERE DID YOU FIRST LEARN ABOUT ST. MATTHEW'S UNIVERSITY:

- | | |
|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Medical School Poster |
| <input type="checkbox"/> Email | <input type="checkbox"/> Postcard |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Preview Event |
| <input type="checkbox"/> Family Member _____ | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> SMU Applicant |
| <input type="checkbox"/> Graduation Fair | <input type="checkbox"/> SMU Faculty |
| <input type="checkbox"/> Health Professions Advisor _____ | <input type="checkbox"/> SMU Graduate |
| <input type="checkbox"/> Internet | <input type="checkbox"/> SMU Student |
| <input type="checkbox"/> Letter | <input type="checkbox"/> Test Preparation Vendor |
| <input type="checkbox"/> Medical Professional | |

FINANCIAL AID INFORMATION:

DO YOU PLAN TO APPLY FOR FINANCIAL AID ____ YES ____ NO

FAMILY COLLEGE HISTORY: HAS ANY MEMBER OF YOUR FAMILY RECEIVED AN M.D. DEGREE? IF SO, WHAT IS THEIR RELATIONSHIP TO YOU? _____

PAYMENT INFORMATION: A \$75.00 application fee must accompany this form.

METHOD OF PAYMENT: ____ CHECK ____ MONEY ORDER ____ CREDIT CARD (ONLY VISA OR MATERCARD)

IF CREDIT CARD, WHAT TYPE: ____ VISA ____ MASTERCARD

CREDIT CARD NUMBER _____ EXPERATION DATE: _____
(Month/Year)

CERTIFICATION STATEMENT

The filling out and mailing of this form acknowledges that I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in St. Matthew's University. With this in mind, I certify that the above statements and information provided are correct and complete.

I give permission to St. Matthew's University, School of Medicine to charge my Credit Card for application fee purposes only. ____ (please initial)

No person shall be excluded from participation in, denied benefits of, or be subject to discrimination under any program or activity sponsored or conducted by St. Matthew's University, on any basis prohibited by applicable law, including but not limited to, race, color, national origin, sex, age, or handicap.

I will be bringing family (spouse, kids) with me when classes start. ____ Yes ____ No (Note: this is for housing purposes only)

I give permission for St. Matthew's University to use photos of me in materials that enhance the university image.

SIGNATURE OF APPLICANT

DATE

Academic Information

MCAT SCORE: DATE TAKEN _____ VERBAL _____ PHYSICAL SCIENCE _____
 WRITING _____ BIOLOGICAL SCIENCE _____

NUMBER OF COLLEGE HOURS COMPLETED:

SEMESTER HOURS _____ QUARTER HOURS _____

OVERALL UNDERGRADUATE GPA: _____ **OVERALL SCIENCE GPA:** _____

OVERALL GRADUATE GPA: _____

ACADEMIC RECORD

(A official transcript must received from each institution prior to Admissions Committee review)

University/College Attended*	Dates	Major	Degree(s) Earned

* All foreign transcripts must be evaluated, on a course-by-course basis.

FOR STUDENTS WITH MEDICAL SCHOOL TRANSFER WORK

Medical School Attended	Location	Dates attended

LIST ANY SCHOLARSHIPS, AWARDS, DISTINCTION, OR SPECIAL ACADEMIC ACHIEVEMENTS: _____

INTERESTS, HOBBIES, NON-ACADEMIC ACTIVITIES: _____

EMPLOYMENT HISTORY: (BEGIN WITH YOUR CURRENT OCCUPATION)

JOB & TITLE	PLACE OF EMPLOYMENT	DATES

Request for Transcript for Admission to St. Matthew's University School of Medicine
ATTENTION REGISTRAR'S OFFICE

Please process this request within two (2) weeks. If you encounter any difficulties in processing, please contact St. Matthew's University Admissions Office at: 800.498.9700.

Please send one (1) Official Academic Transcript to:

Transcript Department
St. Matthew's University School of Medicine
12124 High Tech Avenue, Suite 350
Orlando, FL 32817

X _____
Student Signature

FROM: Last Name First Name Middle Name

NAME ON TRANSCRIPT: (if different from above)

Social Security Number _____ - _____ - _____

ID Number, if any: _____ Date of Birth: _____

ACADEMIC TRANSCRIPT REQUEST ENCLOSED

College/University

Street Address

City State Zip Country

Request for Transcript for Admission to St. Matthew's University School of Medicine
ATTENTION REGISTRAR'S OFFICE

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Transcript Department
St. Matthew's University School of Medicine
12124 High Tech Avenue, Suite 350
Orlando, FL 32817

X _____
Student Signature

FROM: Last Name First Name Middle Name

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Social Security Number _____ - _____ - _____

ID Number, if any: _____ Date of Birth: _____

ACADEMIC TRANSCRIPT REQUEST ENCLOSED

College/University

Street Address

City State Zip Country

Request for Transcript for Admission to St. Matthew's University School of Medicine
ATTENTION REGISTRAR'S OFFICE

Please process this request within two (2) weeks. If you encounter any difficulties in processing, please contact St. Matthew's University Admissions Office at: 800.498.9700.

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12124 High Tech Avenue, Suite 350
Orlando, FL 32817

X _____
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FROM: Last Name First Name Middle Name

NAME ON TRANSCRIPT: (if different from above)

Social Security Number _____ - _____ - _____

ID Number, if any: _____ Date of Birth: _____

ACADEMIC TRANSCRIPT REQUEST ENCLOSED

College/University

Street Address

City State Zip Country

St. Matthew's University School of Medicine Confidential Recommendation

DIRECTIONS FOR APPLICANT: Please fill in your name and ask your reference to complete this confidential recommendation form and either return it directly to St. Matthew's or to you in a sealed envelope with the signature of the reference across the seal.

Applicant's name: Last First Middle

DIRECTIONS FOR REFERENCE: The individual whose name appears above is applying for admission to St. Matthew's University School of Medicine. We would appreciate your candid assessment of this individual's potential for the successful completion of the Doctor of Medicine degree. Your comments about the individual's initiative, maturity, self-motivation, and intellectual capacities are required in order for St. Matthew's to determine the applicant's suitability for the MD program. This form will remain strictly confidential. Thank you for taking the time to complete this reference form.

Reference Signature _____

Reference's Name (printed or typed) _____

Position or Title _____

Organization _____

Street or PO Box _____

Telephone _____

City State Zip

Fax or Email _____

INFORMATION:

1. How long have you known the candidate? _____ years _____ months
2. In what capacity have you known the candidate _____
3. Compare the candidate on the scale below with others you have known during your career. Indicate your assessment in the boxes below. Please check only one box per category.

	Outstanding	Good	Poor	Cannot Evaluate
Academic background for medicine				
Evidence of academic ability/skills				
Evidence of clinical skills/ability				
Evidence of scholarly writing ability				
Evidence of professionalism/ethics				
Evidence of service to others/volunteerism				
Capacity for independent study				
Evidence of organizational skills				
Evidence of goal direction/self starting				

WRITTEN ASSESSMENT: Please provide a candid assessment of this individual's potential for success in medical school on a separate page or on the back of this page. Include a description of specific activities or accomplishments that show his/her strengths and weaknesses. Give examples of the applicant's scholarship and professional accomplishments and potential for contributing to scholarship and practice as a Medical Doctor.

Note to the Reference: You may return this form directly to the United States office of St. Matthew's University School of Medicine, 12124 High Tech Avenue, Suite 350 Orlando, FL 32817 or to the applicant by sealing it in an envelope and signing your name across the seal.

St. Matthew's University School of Medicine Financial Aid Verification Worksheet

This form is being used in lieu of the federal verification worksheet. Its purpose is to verify information needed to certify your application for Financial Aid. This form is required for all Financial Aid recipients.

Please complete all sections and sign the form at the bottom.

Part I. Student Information

Name: (First, MI, Last) _____

SSN _____ - _____ - _____ DOB(mm/dd/yy) _____

Address _____

City, ST, ZIP _____

State of Legal Residence and date you became resident (mm/yy) _____

Driver's License Number and Expiration date (mm/yy) _____

Phone: () _____ - _____ Fax: () _____ - _____ Email: _____

Country of Birth _____ US Citizen? YES NO

Resident alien number (include copy of front and back) _____

Marital status _____ Will spouse be with you? YES NO

Number of children _____ Will children be with you? YES NO

Name(s) and age(s) of children:

Name of Child	Age	Date of Birth

Number in your household: _____ Number of college students in your household: _____

Did you file Federal Income Taxes last year? YES NO

If yes, which Federal Income Tax Form did you complete? _____

If no, please fill out the attached Non-tax Filer Form.

Will you have your Bachelor's Degree before July 1? YES NO If yes, what date? _____

Do you intend to be co-enrolled in the MBA Health Care Management Concentration Program through Davenport University? YES NO

Have you applied for the St. Matthew's Academic Scholarship, YES NO

Have you been awarded a scholarship at this time? YES NO

Are you a transfer student? YES NO If yes what semester? _____

When is your start date of attendance: JAN _____ MAY _____ SEPT _____

List ALL Post-Secondary Institutions attended: (Please print legibly)

Full Name of Institution (No Abbreviations)	City and State	Dates attended From-----To----	Degree Received

Personal References (Please print legibly)

Name	Street Address	City/State/Zip	Home Phone

By signing this, I certify that all of the information contained on both sides of this form is correct to the best of my knowledge and that if found to be false, may be seen as a violation of the Honor Code.

Student Name (print)

Student Name (signature) Date

Financial Aid Statement of Intent For Payment of Tuition

Tuition for St. Matthew's University School of Medicine is due 15 days prior to the first day of the semester. If tuition is not paid and arrangements are not made with the STUDENT ACCOUNTS OFFICE, you will not be able to continue with your program.

I, _____, will pay my tuition by _____
Student name month/day/year

I intend to pay my tuition by:

Personal check, on _____

ISLP/TERI funds, date approved _____

CanHelp/TERI funds, date approved _____

Health Xpress funds, date approved _____

Other form of payment _____

Student name printed

Date

Student signature

Date

Gloria Miranda-Avila
Director of Financial Aid
FA@stmatthews.edu

Student Accounts Department
Studentaccounts@stmatthews.edu
Phone: 1.800.678.3301

Office of Financial Aid
12124 High Tech Avenue, Suite 350
Orlando, FL 32817

Phone: 800.498.9700
Fax: 800.565.7177
Email: fa@stmatthew.edu

ST. MATTHEW'S UNIVERSITY SCHOOL OF MEDICINE

Academic Scholarship Application

St. Matthew's University, always in search of excellence, offers a \$10,000 scholarship to the most promising candidate for each first semester class. These scholarships are for tuition reduction of \$2,000 per semester for the five semesters of basic sciences. To continue to receive the \$2,000 each semester, the recipient must remain in the top 20% of his/her class. To be considered for one of these scholarships, you must have completed an undergraduate degree with a 3.5 GPA or higher. The scholarship committee will consider your overall credentials including your college performance, letters of reference, personal statement, community involvement and volunteer work. **To apply for this scholarship, you must have paid your \$75 application fee and received your letter of acceptance.**

Name: _____

SS#: _____

Address: _____

Phone: _____ E-mail: _____

Undergraduate GPA: _____

Entry Term: _____

Personal Statement: Discuss below why you believe you should receive an Academic Scholarship to St. Matthew's. Include an overview of your academic performance and community involvement as well as any exemplary activities. Letters of reference, certificates of service, and other examples of excellence should be attached and will be considered in the review process. This is not a need-based scholarship, but a scholarship rewarding academic excellence.

***NOTE:** Failure to attach the personal statement will **VOID** this application.

Deadlines for applications are Nov. 10th, March 10th and July 10th for the Winter, Spring, and Fall Semesters.