



SEOUL CENTRAL COLLEGE OF MEDICINE
 Montserrat, British W.I. (United Kingdom Overseas Territory)

Application for Admission

For Official Use Only
DATE:
Application Number
Final

The Office of Admission is providing one-stop service to prospective undergraduate and medical students. Simply complete this form and send it to our office. The office will contact you for the additional documents. Application fee of \$125.00 is required for US domestic or \$200.00 for International Application (Check or Money Order only. Do not send cash.)

Send to: ACU Seoul Central College of Medicine
 c/o North American Correspondent
 Atlanta Admission Representative
 4187 NE EXPY
 Atlanta, GA 30340

Term you wish to enroll (Mark X) : January [] May [] September [] of 2011 [] 2012 [] 2013 [] 2014 []

DEGREE PROGRAM (Mark X)

- M.D. (Doctor of Medicine) School of Medicine
- M.S. in Basic Medical Sciences

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Mr/Mrs/Miss/Ms
Date of Birth		Social Security Number	
Place of Birth	Sex (write M or F)	Email Address	
Permanent Home Address			Home Telephone Number
Mailing Address (If different from permanent home address)			Day Time Telephone Number
Are you Citizen of (Mark X) <input type="checkbox"/> United States _____ (give state also, if U.S. citizen) <input type="checkbox"/> United States Permanent Resident _____ (give country name) <input type="checkbox"/> Other _____ (give a visa status and country name)			Do Not Write (For Official Use Only)

ACU Seoul Central College of Medicine admits students of either sex and of any race, color, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. Atlanta Central University Seoul Central College of Medicine does not discriminate on the basis of age, sex, race, creed, or national origin.

EDUCATION				
Name of High School		Location		Graduation Date
List all undergraduate and graduate institutions attended, beginning with the most recent.				
Institution	Major	GPA	Degree	Dates of Attendance
Have you taken college level (Mark X) <input type="checkbox"/> General Biology <input type="checkbox"/> General Physics <input type="checkbox"/> General Chemistry <input type="checkbox"/> College Calculus or Mathematics <input type="checkbox"/> Organic Chemistry				
MCAT : Please list your MCAT scores : Verbal _____ Phy.Sci. _____ Bio.Sci. _____ Writings _____ <input type="checkbox"/> No, I'm requesting MCAT waiver to The Admission Committee.				
GRADUATE RECORD EXAMINATIONS				
APTITUDE TEST SCORES _____ (verbal/quantitative/analytical)				
ADVANCED TEST SCORES _____ (field/percentile/total score)				
SAT : SAT Score(s)				Test Date
TOEFL : TOEFL Score(s)				Test Date
<input type="checkbox"/> No, I'm requesting TOEFL waiver to The Admission Committee				
EMPLOYMENT SINCE GRADUATION				
Name and Address of Employer		Dates	Position Held and Duties	
REFERENCES				
Give the names and addresses of two persons to whom reference may be made concerning your academic work.				
Name:		Name:		
Position:		Position:		
Address:		Address:		
Telephone:		Telephone:		
DISCLAIMER				
The Government of Montserrat has approved the establishment of ACU Seoul Central College of Medicine through a Memorandum of Understanding on the 2nd of May 2003.				

SIGNATURE	
I certify that the information I have provided on my application form and related materials are true and correct to the best of my knowledge.	
Applicant's Signature _____	Date _____

ATLANTA CENTRAL UNIVERSITY

Seoul Central College of Medicine

University Center : Montserrat. British W.I. (United Kingdom Overseas Territory)

REQUEST FOR APPLICATION FEE

Registering term (Mark X) : January [] May [] September [] of 2011 [] 2012 [] 2013 [] 2014 []

Social Security Number or Student Number _____

Date of Birth _____

Full Name _____
Last First Middle Initial

❖ Please send application fee (US\$125.00) to :

**Atlanta Central University Seoul Central College of Medicine
c/o North American Correspondent: Admission Support Service Team
4187 NE Expressway
Atlanta, GA 30340**

TEL : (770) 270 - 9290 FAX : (770) 270 - 0012

Payment Enclosed US\$ _____

SIGNATURE

This document comprises a legal contract between Atlanta Central University and the student name above, who has also signed below.

Student's Signature _____ Date _____