

# ALL SAINTS APPLICATION FORM

Print and Mail or Email; Incomplete or illegible Forms will NOT be processed.

## PERSONAL INFORMATION

CHECK ONE:

MALE     FEMALE

NATIONAL IDENTIFICATION NUMBER											
<input type="radio"/> US Social Security No. <input type="radio"/> Canadian Social Insurance No. <input type="radio"/> Other SIN											

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd                      mm                      yyyy

HOME TEL. #: (        ) \_\_\_\_\_ - \_\_\_\_\_

ALTERNATE TEL. #: (        ) \_\_\_\_\_ - \_\_\_\_\_

COUNTRY OF CITIZENSHIP: _____  <b>If non-Canadian and non-US Citizen:</b>  Visa Status: _____
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EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**MAILING ADDRESS:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_ POSTAL/ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

## ACADEMIC HISTORY

LIST ALL UNIVERSITIES ATTENDED – INCLUDING CURRENT STUDIES. FOR HIGH SCHOOL STUDENTS, STATE THE NAME OF THE HIGH SCHOOL, ALONG WITH THE EXPECTED DATE OF GRADUATION.

DATE		NAME OF INSTITUTION	PROGRAM LENGTH	OFFICIAL NAME OF DIPLOMA/DEGREE	CITY	COUNTRY
FROM	TO					

**\*NOTE:** An official transcript must be sent from each college attended, including summer credits. Failure to list all schools, colleges and universities may make you ineligible for admission. A decision cannot be made until all transcripts have been received. Begin with most recent institution attended, and be sure to complete all requested information. Attach a separate sheet if necessary.

**ADMISSION INFORMATION**

**INTENDED PROGRAM OF STUDY:**

CHECK ONE:

- 5 YEAR MD PROGRAM
- 4 YEAR MD PROGRAM
- CLINICAL CLERKSHIPS

**PROPOSED TERM OF ENROLLMENT:**

- JANUARY
- MAY
- SEPTEMBER

**ADMISSION CATEGORY:**

- FRESHMAN
- TRANSFER
- RE-ADMIT

**OTHER INFORMATION**

**HAVE YOU EVER BEEN WITHDRAWN FROM AN INSTITUTION?**

- YES
- NO

IF YES, WHY?

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**HAVE YOU EVER BEEN ARRESTED OR CONVICTED?**

- YES
- NO

IF YES, WHY?

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**HAVE YOU EVER BEEN TREATED FOR SUBSTANCE ABUSE?**

- YES
- NO

IF YES, WHY?

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**\*\*\*\*Please Attach Your Personal Statement on a separate sheet of paper. (Minimum 1 page, maximum 2 pages).** Create a rounded portrayal of yourself, and state why it is that you want to become a doctor. Describe any special achievements or talents that you possess, any personal experiences, responsibilities and/or challenges that have impacted you or your academic achievements.\*\*\*\*

**Acknowledgements:** From whom or where did you hear about All Saints: \_\_\_\_\_

**SIGNATURE:**

**DATE SIGNED:**

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**By signing this form you confirm that all information provided is correct and true to the best of your knowledge**