



International American University — College of Medicine

Website: www.iau.edu.lc

Toll Free: 888.440.4474

Email: admissions@iau.edu.lc

Admissions Office: 5999 Summerside Drive, Suite 220, Dallas, TX 75252

STUDENT INFORMATION FORM

Full Name: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

How did you hear about IAU?: _____

Entering Class: Jan 20__

May 20__

Sep 20__

Entering Rank: New Transfer Returning Student

Program of Interest Four Year M.D Program

Pre Medical + Four Year M.D Program

Pre-College Education *(Pre Medical + Four Year M.D Program ONLY)*

High School: _____

City: _____ State: _____ Country: _____

Diploma Received: Yes No Graduation Date: _____ Overall G.P.A: _____

Exams taken: SAT Yes Score: _____ No ACT Yes Score _____ No

Colleges and Universities *(Four Year M.D Program ONLY)*

Last Institution Attended: _____

City: _____ State: _____ Country: _____

Level of Study: Undergraduate Masters PhD Field of Study/Major: _____

Diploma Received: Yes No Graduation Date: _____ Overall G.P.A: _____

Please indicate which of the following courses you have **successfully completed**

Y N

General Chemistry I with Lab

General Chemistry II with Lab

Organic Chemistry I with Lab

Organic Chemistry II with Lab *(or Biochemistry)*

Writing **OR** Literature Course

Y N

Biology I with Lab

Biology II with Lab

Physics I with Lab

Physics II with Lab

(recommended)

Thank you for your Interest in IAU— College of Medicine