



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

TRANSFER SUPPLEMENT FORM

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4 Year M.D Program

All transfer applicants should complete this form along with the application form. Two letters of recommendation are required from faculty members of the institution(s) from where credits are being transferred. It is preferred that one of the letters be sent by the Dean.

Dean's letter attached? Yes No *If no, please attach an explanation on a separate sheet of paper*

First date of matriculation to a medical school _____ / _____ (month/year)

From which medical school(s) do you wish to transfer credits? _____

Coursework

Courses	Credit Hours	From	To	Number of Weeks	Grade	Medical School
Anatomy						
Histology						
Cell Biology						
Embryology						
Ethics						
Physiology						
Biochemistry						
Neuroscience						
Microbiology						
Behavioral Sciences						
Immunology						
Epidemiology						
Genetics						
Pharmacology						
General Path						
Physical Diagnosis						
Pathology II						
Introduction to Medicine						
Basic Review						



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USMLE Results

RESULTS	DATE RECEIVED	PERCENTAGE	GRADE	SCORE

Clinicals

Rotations	Credit Hours	From	To	Number of Weeks	Grade	Medical School
Medicine						
Surgery						
Ob/Gyn						
Pediatrics						
Psychiatry						
Family Practice						
Elective - 1						
Elective - 2						
Elective - 3						

I hereby apply for transfer to International American University College of Medicine with advance standing. I understand that it is my responsibility to assure compliance with all requirements of International American University College of Medicine. This includes provision of official transcripts from the institutions from which credits are to be transferred. I also understand that International American University College of Medicine can accommodate the special needs of a transfer student only to a certain extent based on the fixed curriculum, syllabus and other regulations established by the college.

I do hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____