



## APPLICATION FOR ADMISSION

Applying for Entry in:      Spring (March) 202\_\_                      Fall (September) 202\_\_

TU-SOBS Programs:

- 02 Year Bachelor of Science in Biomedical Science
- 1.5 Year Premedical (Associate Degree in Science)

Applying as:    New Applicant       Re-Applicant       Transfer Applicant

### A. PERSONAL DATA:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name/Family Name/Surname                      First Name                      Middle Name

Date of Birth (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_      Age: \_\_\_      Sex:  Male  Female

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State/Province/County: \_\_\_\_\_

ZIP Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

City or Town: \_\_\_\_\_ State/Province/County: \_\_\_\_\_

ZIP Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Emergency Contact Person Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. THSU INFORMATION:**

**How did you hear about Tenelle Health Sciences University?** (Check all that apply)

- Internet search     College Fair     Advertisement (TV/Radio/Newspaper/Magazine)  
 THSU Admission Advisor     Email from THSU     Seminar/Webinar  
 Social Network     Facebook     Instagram     Other: \_\_\_\_\_

**C. PERSONAL HISTORY:**

**a) Have you ever been convicted of a crime?**

- Yes     No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**b) Have you ever been subject to a disciplinary inquiry by or before an oversight body?**

- Yes     No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**c) Have you ever been suspended or dismissed from an academic institution?**

- Yes     No    If yes, please explain and indicate which institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**d) Have you ever attended University?**

- Yes     No    Dates Attended: \_\_\_\_\_    If yes, please indicate: \_\_\_\_\_  
\_\_\_\_\_

**e) Have you ever applied to THSU before?**

- Yes     No    If yes, when: \_\_\_\_\_

**f) Was your schooling in English?**

- Yes     No    If yes, which years? \_\_\_\_\_

**g) How frequently is English spoken in your home?**

- Never     Rarely     Often     Always

**h) What is your Ethnic Background?** (optional)

- Black, non-Hispanic     American Indian or Alaskan Native     Asian or Pacific Islander  
 Caucasian, non-Hispanic     Hispanic     Other (please describe): \_\_\_\_\_

**i) Describe your current Living Demographics?**

- Urban     Suburban     Rural

**j) State your Religion** (optional): \_\_\_\_\_

**D. EMPLOYMENT, VOLUNTEER WORK AND EXTRACURRICULAR ACTIVITIES:**

**a) Do you have any academic experiences?**

Yes

No

If yes, please specify: \_\_\_\_\_

**b) List Volunteer Work in the last four years?**

Date	Description

**c) List all Extracurricular Activities?**

Date	Description

**c) Do you have any research experiences?**

Yes

No

If yes, please specify: \_\_\_\_\_

**c) List Publications / Awards / Honors?**

Date	Description

**E. ACADEMIC RECORD DETAILS:**

**a) Please indicate your highest level of education:** \_\_\_\_\_

**b) Summary of Educational details:**

Degree/Diploma/Exam	Date Earned	Institution	Country	Grade/Mark Achieved

**If you have High School Diploma, O Level and CXC, Intermediate (10+2), WASSCE Please list all subjects:**

Subjects	Grade/Mark Achieved

**d) Test of English as a Foreign Language (TOEFL) or English Language Testing System (IELTS): Non-native speakers of English (Non-English Medium Education)**

Type of English Language Exam: IELTS, TOEFL-Paper, TOEFL-Computer, TOEFL-Internet	Test Date	Overall Score

### G. REFERENCES:

List two references (non-relatives) who can and will give an informed opinion of your capabilities and suitability for a career in medicine. These letters must contain their personal information for contact. Please inform them of your intention to apply. You may enclose their letters with this Application Form -

Name	Address

How do you plan to finance your studies?

Loans     Personal Savings     Parents     Others: \_\_\_\_\_

By submitting this form, I agree to be contacted by phone, email, or text about my education at Tenelle Health Sciences University School of Biological Sciences (TU-SOBS).

I, the undersigned, affirm the following:

- \_\_\_\_\_ I understand that once my application has been submitted it may NOT be altered in any way.
- \_\_\_\_\_ I certify that all the information in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.
- \_\_\_\_\_ I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based.

A student's acceptance into the School of Biological Sciences is granted upon the presumption by the Admission Committee that (a) all courses currently being taken by the applicant will be completed prior to registration; (b) all statements made by the applicant during the admission process (oral, written or in submission of academic documentation) are true and correct. If it is subsequently discovered that false or inaccurate information was submitted, the university may nullify a candidate's acceptance or, if the student is registered, dismiss the student.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_



**TENELLE HEALTH SCIENCES UNIVERSITY**  
**SCHOOL OF BIOLOGICAL SCIENCES**

Saint Lucia, West Indies

**PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

All incoming students must submit this completed, signed form **ALONG WITH APPLICATION FORM.**

Student's Name: \_\_\_\_\_ TU-SOM ID#: \_\_\_\_\_

Gender:  Male  Female  Transgender: MTF: \_\_\_\_ FTM: \_\_\_\_  Others: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**HEALTH INSURANCE: All students of THSU are required to be covered by health insurance in St. Lucia. Student will be charged for it along with tuition every semester.**

Do you now have or have you ever had:

	Yes		Yes		Yes
Allergies / Asthma	<input type="checkbox"/>	Epilepsy / Seizures	<input type="checkbox"/>	Positive PPD Test/TB	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Gastrointestinal Disorder	<input type="checkbox"/>	Psychiatric/Behavior Disorder	<input type="checkbox"/>
Cardiovascular Disease	<input type="checkbox"/>	Hepatitis/Jaundice	<input type="checkbox"/>	Pulmonary/Lung Disease	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Skin Problems/Disease	<input type="checkbox"/>
Drug/Alcohol Abuse	<input type="checkbox"/>	Kidney/Urinary Disorder	<input type="checkbox"/>	Tobacco/Vaping use	<input type="checkbox"/>
Endocrine Disorder	<input type="checkbox"/>	Musculoskeletal Disorder	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>

Other illnesses/Comments (please explain any YES answers from above): \_\_\_\_\_

Allergies: Yes or No. If yes, list all allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Previous hospitalizations: \_\_\_\_\_

Current medications: \_\_\_\_\_

**ATTENTION: UNDER EIGHTEEN (18) CONSENT TO TREAT**

In order to provide routine and/or emergent care that may be necessary for students and at the same time to protect the providers and institutions involved, please complete and sign below:

I, \_\_\_\_\_ (parent/guardian) do hereby authorize the THSU to consult medical and counseling staff of St. Lucia to provide routine/emergent care to my son/daughter.

Name of Students: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHYSICAL EXAMINATION

This page must be completed, signed, and stamped by physician.

All incoming students must submit this completed, signed form **ALONG WITH APPLICATION FORM.**

Patient's Name: \_\_\_\_\_ TU-SOM ID#: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Temp: \_\_\_\_\_

BP: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_

	Normal	Abnormal	Comments
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
GU	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	

How long and on what basis have you known this patient?

Months: \_\_\_\_\_ Years: \_\_\_\_\_  This visit only  Professional basis

To your knowledge, does this patient have any significant medical problems?  Yes  No

Explain: \_\_\_\_\_

To your knowledge, does this patient have any emotional, psychological or psychiatric problems?

Yes  No Explain: \_\_\_\_\_

To you know of any physical or psychological reason why this student would not be able to withstand the rigors of his/her program of study?  Yes  No Explain: \_\_\_\_\_

### IMMUNIZATION RECORDS:

TB Status: \_\_\_\_\_ PPD Date Performed: \_\_\_/\_\_\_/\_\_\_\_\_ Results: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Diphtheria: \_\_\_\_\_

MMR: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Physician Stamp **(REQUIRED)**:

## SUPPORTING DOCUMENTS

- Application fee: US \$ 100
- Copy of biometric pages of Passport
- Copy of ID
- Passport size photos
- All Official Transcripts / Grade sheets
- Two (02) Recommendation Letters
- Police Record / Character Certificate
- Drug Screening Test (Marijuana, Cocaine, Opiates and Nicotine)