



UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
#64 Aurora Boulevard, Barangay Doña Imelda, Quezon City 1113, Philippines
Telefefax: (632) 713-3315; (632) 715-0861 Local 261
Email Address: registrar@uerm.edu.ph; Website: www.uerm.edu.ph

OFFICE OF THE REGISTRAR

**COLLEGE OF MEDICINE - INFORMATION SHEET
FOR NON-RESIDENT FILIPINO, NON-RESIDENT ALIEN, AND
GRADUATE OF FOREIGN SCHOOL
SCHOOL YEAR, 2011-2012**

STEP I Applicant seeking admission into the College of Medicine must submit directly to the Office of the University Registrar the following documents together with the application form duly accomplished;

REQUIREMENTS FOR APPLICATION:

1. Original Transcript of Records duly authenticated by the Philippine Embassy or Consulate in the applicant's country of origin or legal residence with red ribbon (2 original and 2 xerox copies);
2. Diploma or Certificate of Graduation (1 original and 2 xerox copies);
3. Personal History Statement Form (PHS, Revised 1998) (6 original copies-downloadable through our website);
4. A Notarized Affidavit of Support and Proof of Adequate Financial Support, i.e., bank statement to cover expenses for student's accommodation and subsistence, as well as school dues and other incidental expense, (1 original and 2 xerox copies);
5. Birth Certificate (1 original and 2 xerox copies);
6. Eight (8) pieces 2"x 2" photos (colored white background)
7. Police Clearance duly authenticated by the Philippine Embassy or Consulate in the applicant's country of origin or legal residence with red ribbon (1 original and 2 xerox copies);
8. Recommendation Letter from 2 former professors (original copy);
9. National Medical Admission Test (NMAT) Result (original and 2 xerox copies);
PREFERRED NMAT: 70 %ile
VALID NMAT: April & December 2008; April & December 2009; April & December 2010
10. Passport Pages where name, photo, birth date and birth place appeared (2 xerox copies);
11. Application and Processing Fees:

USD 300.00 (subject to increase) = NON-REFUNDABLE/NON- TRANSFERABLE

Payment shall be made in a form of Manager's Check address to:
UERMMMCI-College of Medicine

12. Applicant must have taken the National Medical Admission Test;
13. Applicant must be a graduate/holder of A.B./B.S. Degree (a four-year /five-year course)

DEADLINE FOR SUBMISSION OF APPLICATION: DECEMBER 22, 2010

NOTE: FOR APPLICANT WHO APPLIED FOR CITIZENSHIP RETENTION AND RE-ACQUISITION (Under R. A. 9225) MUST SUBMIT THE FOLLOWING DOCUMENTS:

1. Original Order of Approval (2 xerox copies)
2. Original Identification Certificate (2 xerox copies)
3. Original Oath of Allegiance (2 xerox copies)

FOR NMAT EXAMINATION, PLEASE WRITE OR CALL:

- A. Center for Educational Measurements**
24th Floor Cityland Pasong Tamo Tower
2210 Chino Roces Avenue, Makati City, Philippines
Tel. Nos.: (632) 894-5536, (632) 813-3691, (632) 813-3694 to 95 local 106
- B. Mr. Godfrey Vergara**
P.O. Box 3553
Granada Hills, CA 91394-0553, U.S.A.
Mobile Nos.: (818) 612-4490, (818) 997-1827
e-mail address: NMATexam@gmail.com

--Continued on Page 2--



UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
#64 Aurora Boulevard, Barangay Doña Imelda, Quezon City 1113, Philippines
Telelefax: (632) 713-3315; (632) 715-0861 Local 261
Email Address: registrar@uerm.edu.ph; Website: www.uerm.edu.ph

OFFICE OF THE REGISTRAR

**COLLEGE OF MEDICINE - INFORMATION SHEET
FOR NON-RESIDENT FILIPINO, NON-RESIDENT ALIEN, AND
GRADUATE OF FOREIGN SCHOOL
SCHOOL YEAR, 2011-2012**

STEP II

1. UERMMMCI receives accomplished application form together with the above documents required for a prospective foreign applicant;
2. On the basis of temporary evaluation of the transcript of records, and other documents, UERMMMCI issues a NOTICE OF ACCEPTANCE (NOA);
3. Copy furnished the Commission on Higher Education (CHED) for issuance of Certificate of Eligibility for Admission into the Medical Course (CEM);

STEP III

CHED evaluates student records for issuance of Certificate of Eligibility for Admission into the Medical (CEA) course;

STEP IV

Upon arrival of foreign student in the Philippines, please see the University Registrar for information concerning issuance of Alien Certificate of Registration (ACR) and Certificate of Registration for Temporary Student (CRTS) by the Bureau of Immigration, Manila and enrollment procedure of the school;

STEP V

UERMMMCI endorses its recommendation to the Bureau of Immigration (BI), Manila together with the following documents for issuance of student visa:

1. Notice of Acceptance from UERMMMCI;
2. Certificate of Eligibility for Admission into the Medical (CEAM) course;
3. Transcript of Records;
4. Accomplished Personal History Statement Form (PHS);
5. Police Clearance from Local Police Authorities where applicant has been permanently residing for the last 5 years;
6. Notarized Affidavit of Support and Proof of Adequate Financial Support, i.e., bank statement
7. Visa Application Form, (FA Form No. 2) applicant's personal appearance shall be required for filling out the form
8. Medical Certificate (FA Form No. 11) including x-ray laboratory report and clearance certificate for the AIDS anti-body
9. Life Size Chest X-ray film
10. Eight (8) pieces 2"x 2" photos and
11. Unexpired Passport

STEP VI

MATRICULATION FEES:

USD 10, 000.00 – Foreign Miscellaneous Fee - PAYABLE UPON ENROLLMENT
Php 90, 515.00 – Regular Tuition and Other Fees (Per Semester) - SUBJECT TO INCREASE

STEP VII

INTERVIEWERS: Please contact one of them for an interview:

DR. NEDA BALLON- REYES
22723 Oxnard St.
Woodland Hills, CA 91367, USA
Tel.No.(818) 772-7696; (818) 881-5498

DR. CHESTER KOKSENG
14202 Shippen Way
Tampa, FL 33624, USA
Tel. No.(813) 963-2494; (813) 927-2000

DR. SAMUEL PIGA
2104 Tree House Lane
Plano, TX, 75023, USA
Tel.No. (214) 596-8911; (214) 233-7423

DR. ROLANDO MENDOZA
777 37th St., Suite B-107
Vero Beach, FL 32960, USA
Tel. No. (561) 562-5232

DR. BENJAMIN RIGOR
6801 Shadwell Place
Prospect, Kentucky 40059, USA
Tel. No.(502) 228-2798

NOTE:

_____ THE SCHOOL HAS NOT AUTHORIZED ANY PERSON/AGENCY OR ORGANIZATION TO WORK ON BEHALF OF ANY APPLICANT FOR ADMISSION.

THE ADMISSIONS COMMITTEE WILL NOT PROCESS ANY APPLICATION SUBMITTED OR FOLLOWED UP BY THIRD PERSON.

ALL DOCUMENTS FILED IN SUPPORT OF THE APPLICATION BECOMES THE PROPERTY OF THE UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC. AND WILL NOT BE RETURNED TO THE APPLICANT.



UNIVERSITY OF THE EAST
RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC.
 Aurora Boulevard, Quezon City 1113, Philippines

Apl. No.: _____

O.R No.: _____

Date: _____

COLLEGE OF MEDICINE
APPLICATION FOR ADMISSION
 FOR THE ACADEMIC YEAR 20__ -20__

**ATTACHED 2X2
 COLORED PHOTO
 WHITE
 BACKGROUND**

(Please Print or Type)

1. Name: _____
 (Family Name) (First Name) (Middle Name)

HEREBY applies for admission to the College of Medicine UERMMMCI and submits hereunder facts as a true and correct statement of his/her history and education.

2. Age: ____ Gender: ____ Citizenship: _____ Religion: _____ Civil Status _____

3. If Married, name of Spouse: _____

Address of Spouse: _____ Occupation: _____

4. Date of Birth: _____ Place of Birth: _____
 (Day) (Month) (Year)

5. Permanent Home Address: _____

Cellular Phone No.: _____ Residence Landline No.: (____) _____

E-mail Address/es frequently used: _____ Fax No.: (____) _____

6. Present Address: _____ Tel No.: (____) _____

7. Mailing Address: _____ Tel No.: (____) _____

8. Parents: (Mark with a cross(+) if deceased)

**(TO BE FILLED UP BY THE
 REGISTRAR'S STAFF)**

BS/BA : _____

G.W.A. : _____

F'S : _____

NMAT %ile : _____

Father: _____ Occupation: _____

Mailing Address: _____

Cellular Phone No.: _____ Residence Landline No.: _____

E-mail Address: _____

Mother: _____ Occupation: _____

Mailing Address: _____

Cellular Phone No.: _____ Residence Landline No.: _____

E-mail Address: _____

8a. Are you a child of UERM Alumni? *Please tick appropriate box.*

No

Yes, my father graduated from the College of _____ Class _____

Yes, my mother graduated from the College of _____ Class _____

9. Guardian other than parents:

Occupation : _____ Contact No.: (____) _____

Home Address : _____

10. If your family does not live in Manila area, where do you expect to live if admitted to this medical school ?

(State if with relatives, in boarding houses, etc.) _____

11. Region of Origin : _____

12. Education:

	School Attended	Date of Attendance	Title/Degree	Units Earned
a) Primary: (Grade I – IV)	_____	_____	_____	_____
b) Intermediate: (Grade V-VI)	_____	_____	_____	_____
c) Secondary : (High School)	_____	_____	_____	_____
d) College :				
1 st Year:	_____	_____ To _____	_____	_____
2 nd Year:	_____	_____ To _____	_____	_____
3 rd Year:	_____	_____ To _____	_____	_____
4 th Year:	_____	_____ To _____	_____	_____
5 th Year:	_____	_____ To _____	_____	_____

Degree _____ Date graduated or expected date of completion: _____

Other collegiate courses taken (degree if any), where and when taken:

13. How do you plan to finance your medical education?

(In terms of percentage [%])

Your Resources: _____ Your Family: _____ Other Relatives: _____

PVA- Period of Benefits: _____ Other sources, scholarship, Aid, Funds etc.: _____

14. Combined annual income of parents: _____

15. Have you applied for admission to any medical school/s? _____

If so, at what medical school/s and what is the status of your application? _____

16. Have you studied in any College of Medicine? Yes. No. If yes, where and when _____

Give reasons for withdrawing: _____

17. Employment and /or any other pursuit, past and present: _____

18. Are you graduating with honors? *Please tick appropriate box.*

No

Yes, I graduated / expected to graduate:

Summa Cum Laude

Magna Cum Laude

Cum Laude

Honorable Mention

I have received the following awards: *Please tick appropriate box. Please use extra sheet if necessary.*

Dean's List/President's List

School Year

Semester/Trimester/Summer

Non – Academic awards: Please Specify _____

Other awards _____

State any additional information concerning yourself which you believe might be useful to the COMMITTEE ON ADMISSIONS in evaluating your application. (Membership in societies, Athletics, College Publications, Student Government, School Organization, any extra – curricular activities in school etc.) Please use extra sheet if necessary.

19. Have you done any research work/thesis during your pre-med years? If so, state the title of your research work.

20. Have you taken the NMAT before? *Please tick appropriate box.*

No. Yes, when? _____

What was your NMAT score? _____

a) Have you enrolled in any Review Center for the NMAT?

No. Yes, please state Review Center/s: _____

Do you think the review course has been useful for the exam? Yes No

21. Give names and addresses of three persons (not relatives) who have known you and can be a character references, with whom the Committee on Admission can correspond. At least one of the above should be someone who has known you as student in college and who has handed you in class.

1. _____

2. _____

3. _____

22. I certify that

- a) I have not withheld from this application any information that might be an obstacle to my admission.
- b) I have not been debarred from any medical school.

23. I fully understand that among other requirements to be satisfied for admission to the College of Medicine, UERMMMCI.

I must be a holder of a bachelor's degree in Arts or Science.

I understand further that the above requirements must have been earned not later than the end of the second semester Immediately preceding the school year for which I am seeking admission.

I HEREBY PLEDGE that if admitted to the College of Medicine, UERMMMCI, I shall comply with the rules of the college now in effect or which hereinafter may be formulated.

I further pledge that I shall not join any campus organization not recognized by the school including fraternities and Sororities.

My Enrollment will be automatically cancelled if I have enrolled under FALSE PRETENCES, such as the use of irregular credentials, being debarred from re-admission for reason of poor scholastic standing or for disciplinary action and my graduation in due time depends, not only in completion of academic requirements, but also on required units in : Rizal course, National Service Training Program, Physical Education (Male and female) Land Reform and Taxation, and The New Philippine Constitution and others as required by law and/or directives of the Commission on Higher Education (CHED)

NOTE:

ALL DOCUMENTS FILED IN SUPPORT OF THE APPLICATION BECOMES THE PROPERTY OF THE UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, INC. AND WILL NOT BE RETURNED ANYMORE TO THE APPLICANT.

Printed Name of Applicant

Date Accomplished: _____

Revised: 090109

Signature of Applicant

PHS (Revised 1998)

PERSONAL HISTORY STATEMENT

(To be accomplished completely and submitted by the applicant foreign student in six (6) original copies to the college or university he/she is seeking admission to)

1.0 *PERSONAL DATA*

1.1 Name: _____
(Last Name) (First Name) (Middle Name)

1.2 Name in Native Language Character: _____

1.3 If Married: Woman, State Maiden's Name: _____

Man, Name of Spouse: _____

1.4 Address: (Permanent, Abroad): _____

Philippines: _____

1.5 Age: _____ 1.6 Date of Birth: _____ 1.7 Place of Birth: _____

1.8 Citizenship: _____ 1.9 Religion: _____

2.0 *PHYSICAL DESCRIPTION*

2.1 Sex: _____ 2.2 Height: _____ 2.3 Weight: _____

2.4 Eyes: _____ 2.5 Hair: _____ 2.6 Complexion: _____

2.7 Built: _____ 2.8 Other Distinguishing Features: _____

2.8 Physical Handicap or Disability (if any): _____

3.0 *FAMILY DATA*

3.1 Name of Father: _____

3.2 Name of Mother: _____

3.3 Address: _____ Tel. No. _____

4.0 *EDUCATIONAL BACKGROUND*

Name of School	Date of Attendance	Course Finished
----------------	--------------------	-----------------

4.1 Elementary: _____

4.2 High School : _____

4.3 College: _____

4.4 Post Graduate: _____

5.0 GENERAL QUALIFICATION

5.1	Language	Grade Proficiency (Oral or Written)
	_____	_____
	_____	_____
	_____	_____
	_____	_____

5.2 Hobbies: _____ 5.3 Sports: _____

6.0 COURSE APPLIED FOR: _____

Semester: First Second School Year _____
Trimester: First Second Third School Year _____

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed at _____ Date _____

(Signature of Applicant)

ATTACH
2 X 2
PHOTO
HERE

LEFT
THUMBPRINT

RIGHT
THUMBPRINT