



Medical
Doorway

Application Form

Poznan University of Medical Science

Surname:		
Forename(s):		
Date of Birth (DD/MM/YYYY):	Gender:	
Place & Country of birth (as on passport):		
Nationality:	MEDICINE <input type="checkbox"/> DENTISTRY <input type="checkbox"/>	MEDICINE (Grad Entry) <input type="checkbox"/>
Passport No.:	Issued By:	Expiration Date:
Permanent address:	Postal address (if different):	
Postcode:	Postcode:	
Contact telephone number(s):		
e-mail address:		
Who will be sponsoring your studies? (e.g. parents, self)		

Section 2: Higher Education

From the options below, choose the one that best describes your current status:

Current High School Student

Current University Student

Gap Year Student

University Graduate

For University Graduates Only

University Attended

Faculty

Study Programme

Year of most recent graduation

School/College/6th form attended

School Graduation Year

Country of School (e.g. UK)

Town/City of School

Name of School

Educational qualifications (including those currently sitting)

School educational qualifications (most recent first)

Qualification (e.g. A-level)

Subject

Grade

Year Awarded

Aptitude Testing

Qualification

Yes/No

Year Awarded

UKCAT

Yes No

MCAT

Yes No

GAMSAT

Yes No

BMAT

Yes No

Personal statement (Max 500 words)

If your education to date has not been continuous, or has been completed, what have you done while not in school/university

Were you employed during previous school year? Please list type of work and hours per week.

Were you employed during current school year? Please list type of work and hours per week.

Describe extracurricular, community and vocation activities while in college and after

Describe any honors that you received during high school/college. Include honorary societies etc.

Additional documents required immediately:

- Copy of personal detail page of passport
- Passport photo as JPEG file
- Educational Certificates
- University Transcript
- Aptitude testing results

Other documents required prior to admission interview

- Recommendation Letter
- Vaccination Report
- Health Certificate

Payment:

- Exam fee £75 (including VAT)

Notes:

I hereby certify that the information given on this form is complete, accurate and correct. I understand that any inaccurate information may invalidate my application.

I undertake that, if I am admitted to the Poznan University of Medical Science I will follow the Study and Examination Code of the Poznan University of Medical Science during my studies.

I acknowledge that the Dean reserves the right to terminate the course of study at the Poznan University of Medical Science of any student who is shown to have falsified data, or to have presented false data, or otherwise to have misrepresented his or her academic credentials or performance, during his or her application for admission to the Faculty.

I understand that admission to the university is governed by Poznan University of Medical Science and that Medical Doorway Limited cannot be held responsible for any losses as a result of not being selected for entry by the university.

Medical Doorway Limited will only share your details with Poznan University of Medical Science and will not pass your details onto any other party without your explicit written consent.

At no point will Medical Doorway Limited request payment for advice or application management.

The student and/or their sponsor will be responsible for paying the following disbursements (costs we pay on your behalf) of the following:

- DHL courier of completed application to Poznan University of Medical Science
- Legalisation of all documents required by the university

Please note: Examination fee is non-refundable

Signature:	Date:
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