



# INTERNATIONAL PROGRAM IN MEDICINE

## APPLICATION FOR U.S. AND CANADIAN RESIDENTS

Please type all information or print legibly.

1. Name .....  
*Last First Middle*

2. Please circle 6-Year and rank the universities (Sofia or Pleven) in order of preference.  
The academic year begins in **October in Sofia** and **February in Pleven**:

*First Choice:* ..... *Second Choice:* .....

3. Current Address: .....  
*Street*

.....  
*City State Zip code*

Telephone ..... Email address .....  
*Area Code Number*

4. Permanent Address: .....  
*Street*

.....  
*City State Zip code Telephone Area Code Number*

**For Office Use Only - PLEASE DO NOT WRITE IN BOX**

5. Country of citizenship .....

If foreign national, please list student visa status granted or anticipated: J1 F1

If permanent resident, please list Alien Registration Number .....

6. Year of Graduation from High School: .....

7. Sex: Male Female

8. Present Age ..... years

9. Date of Birth .....  
*Month Day Year*

10. Place of Birth .....  
*City State Country*



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11. Secondary School: .....

12. Are you planning to request credit transfers from another college or university? ..... Yes ..... No

If yes, please include detailed course descriptions of the courses for which you will be requesting credit.

13. List in chronological order all undergraduate colleges attended (if applicable).

<u>Institution</u>	<u>City/State</u>	<u>Dates of Attendance</u>	<u>Degree/Concentration</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

14. Summary of Academic Information (all points not be relevant in all cases):

- a. Cumulative undergraduate grade point average (GPA):..... on a scale of.....
- b. Cumulative undergraduate science grade point average:..... on a scale of.....
- c. Cumulative high school grade point average:..... on a scale of.....
- d. High School class rank (if provided)..... out of..... students.
- e. Current undergraduate class rank:..... out of..... students.
- f. Include GPA and rank in class only if normally calculated by your school. If your school(s) does not compute GPA or class rank, what grading system is being used?.....

15. Scores on standardized examinations (highest score)- these scores are collected for informational purposes only and are not used in the evaluation of a candidate's application:

SAT Reasoning Test Date..... Verbal..... Math..... Writing:.....

ACT Test Date..... English..... Math..... Reading.....

Science..... Composite Score..... Optional Writing

Other (please provide date(s) taken and scores):.....



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16. Premedical Requirements:

- a. Please list below the courses that you have taken or plan to take to fulfill the standard premedical competencies as you feel they are applicable to the medical education.
- b. List the course name, number of semester hours, and institution where the course was taken.
- c. Please circle any courses in progress during the academic year and highlight with an asterisk (\*) any courses anticipated for the summer.
- d. If you believe that you have demonstrated competency in these disciplines in an alternative manner, please attach a separate page to describe relevant individualized work, research or employment.

Subject	Course Name	Number of Semesters	Institution
<b>BIOLOGY</b>	.....	.....	.....
	.....	.....	.....
<b>CHEMISTRY</b>	.....	.....	.....
	.....	.....	.....
<b>PHYSICS</b>	.....	.....	.....
	.....	.....	.....
<b>MATH</b>	.....	.....	.....

17. Have you ever been placed on academic warning or probation while in school? ..... Yes ..... No

18. Have you ever been convicted of a felony or pled guilty to a felony charge? ..... Yes ..... No

19. List any honors you received in high school or in college. *(Include Honor Societies).*

20. On a separate sheet of paper, please list and describe any employment positions you have held in high School or college, particularly any medically related employment *(please include appropriate dates).*



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21. Please list names and titles of three people whom you have asked to write letters of recommendation.

..... <i>Name</i>	..... <i>Title</i>
..... <i>Name</i>	..... <i>Title</i>
..... <i>Name</i>	..... <i>Title</i>

22. Please share with us something about yourself that is not addressed elsewhere in your application that may help the Admissions Committee assess your motivation for a career in medicine. We are especially interested in learning about any experiences that have confirmed your commitment to a medical career (supplemental pages may be attached).

23. Source America will provide a list of required and optional textbooks for the first and second year. Through our book service, books can be purchased and shipped directly to Europe – so students do not have to worry about buying and carrying or shipping the books. The service also saves money since we buy and ship in bulk.

Yes, I would be interested. Please keep me informed..... No thanks, I will handle my books

24. Would you like us to locate an apartment for you, or would you prefer to live in the dormitory?

Apartment..... Dormitory.....

By Signing below, I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that the medical schools reserve the right to take into account additional information that comes to the attention of the Admissions Committee during the application process and to reconsider an offer of admission if such information raises concerns regarding my suitability for a career in medicine.

Signature:.....

Date:.....

**Return completed application to Source America, 3302 West Peterson Avenue, Chicago, IL, 606059**  
Applications will not be processed without a copy of the applicant's passport, a copy of the most recent high school transcript and the application fee of \$300.

# INTERNATIONAL STUDENT AFFIDAVIT OF SUPPORT

AFFIDAVIT OF SUPPORT FOR .....  
NAME OF APPLICANT

This document must contain all of the appropriate signatures and notarizations before a student is considered for admission to medical school in the Republic of Bulgaria. If separate statements from bank and sponsor are submitted, each must be original.

Statements must be dated within one (1) year of your intended date of enrollment.

Certificates of balance which only show the amount of money on deposit are not an acceptable substitute.

Monetary amounts must be stated in U.S. dollars.

## STATEMENT FROM SPONSOR

I, ..... do swear that I will make available to:  
NAME OF SPONSOR

..... a total sum of \$10,500 U.S. dollars for each year of  
NAME OF APPLICANT

study in the Republic of Bulgaria. This money is in addition to any passage money needed for return to the country of origin. I understand that the Republic Bulgaria will not be able to assist the student financially.

I, the undersigned, realize that I am fully responsible, and will be held accountable by the University, for maintaining the terms of this statement. I am not a non-immigrant student and I do not hold any other temporary status in the Republic of Bulgaria. My relationship to the applicant is .....

.....  
SPONSOR'S SIGNATURE

.....  
SEAL AND SIGNATURE OF NOTARY PUBLIC  
OR GOVERNMENT OFFICIAL

.....  
DATE

.....  
SPONSOR'S ADDRESS