

Delphi University

Instructions for Completing the Application for Admission

1. Complete all the items and return the application to address below; give particular care to completion of the items concerned with course grades. **IF ALL ITEMS ARE NOT PROPERLY COMPLETED, YOUR APPLICATION CAN NOT BE PROCESSED AND WILL BE RETURNED.** Additional pages may be added as needed.
2. Attach a recent 2" X 2" passport style photograph to the application at the indicated area.
3. **OFFICIAL TRANSCRIPTS MUST BE SENT DIRECTLY TO ADMINISTRATIVE SERVICES INTERNATIONAL FROM EACH COLLEGE OR UNIVERSITY ATTENDED, WHETHER UNDERGRADUATE, GRADUATE OR PROFESSIONAL, AT THE ADDRESS BELOW.** The enclosed transcript request form should be sent to the Registrar of each college, university or professional school with any required transcript fees; it may be photocopied as needed.
4. Three (3) Letters of Recommendation must be mailed directly to Administrative Services International at the address below by the Recommender; otherwise they will not be considered official. Please select people who are able to give a valid evaluation of your academic and /or professional performance and your ethical and moral values needed to practice medicine.
5. Members of the Admissions Committee will review the application documents of each application whose file is complete and select applicants to be invited for interviews. The selected applicants will be notified of the place, date and time of the interview.
6. Enclose a check, money order, or credit card information for €50 in euros. This application fee is not refundable. Complete the following to charge the application fee to your credit card:
Visa ___ Mastercard ___ American Express ___ Discover ___ Paypal ___
Card Number _____ Expiration Date _____
Name as it appears on the card _____
Credit card billing address _____

7. Please direct all correspondence concerning your application to;



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Administrative Services International
3967 Monroeville Blvd.
Monroeville, PA 15146
U.S.A.

Application for Admission

First Semester _____
Advanced Standing _____

Delphi University

Program Applied For:

___ Medicine
___ Natural and
Complementary Medicine

Last Name		First Name		Middle Name
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Permanent Address - Street		City	State or Province
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Country	Telephone	Zip/Postal Code
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Age	Date of Birth	Place of Birth	Marital Status	Sex
Spouse			Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>

Name of Parents or Guardian	Occupation	Legal Residence	Education/Highest Level
Father			
Mother			
Guardian			

Name of Secondary School	Location	Degree/Year of Graduation
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All Colleges, Graduate, and Professional Schools Attended (List in chronological order)

Name	Location	Dates of Attendance MM/YY to MM/Y	Major	Degree/ Date

Post-Secondary Honors/Awards

Extracurricular, Community and Avocational Activities



Chronological Post-Secondary Employment History



PERSONAL COMMENTS

Last Name

First Name

Middle Name

This is your opportunity to provide personal information that you feel is relevant to your desire and ability to become a physician. Consider and construct your comments carefully as the admissions committee may place significant weight on this section.

Recommendations

Name	Address	Relationship
1		
2		
3		

Attach two recent 2" X 2" photos of yourself here.

CERTIFICATION STATEMENT

I certify that the information submitted in this application and associated materials is current, complete, and accurate to the best of my knowledge.

Signature

Date

E-mail address _____ Fax Number _____

Delphi University

TRANSCRIPT REQUEST

Your name as it appears on your Application (Last Name, First Name, Middle Name)	SSN/ID
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Former name, or your name as listed on this college transcript:

Name of Institution	Location (City and State)
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Dates of Attendance - From _____ To _____ Date of Birth _____
MM/YY MM/YY MM/DD/YY

Degree Eamed _____ Degree Date _____
MM/YY

Current Mailing Address: _____

Dear Registrar:

_____ I hereby request and authorize you to forward my official transcript(s) to Delphi University at the address below. Please attach this form to my official transcript.

_____ Please send a Student Copy of transcript to my attention at the address listed above.

_____ Enclosed is my transcript fee payment in the amount of \$ _____.

Signature Date

<p>To the Registrar: Please enclose this request with the transcript(s) and forward to the address listed below.</p> <p>Please note that the transcript will not be accepted and could be returned to you for any of the reasons indicated below:</p> <ul style="list-style-type: none">Registrar's seal and/or signature is missing.Transcript stamped "Issued to Student" or "Student Copy".The official transcript was received directly from the student.The transcript is for the wrong student; name on transcript differs from name on this transcript form.The transcript is illegible.

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