

Admissions/Enrollment Form-Clinicals



WUHS

This is your enrollment agreement with Washington University of Health and Sciences and is required by all students each semester to complete enrollment. Please retain a copy for your records. Complete, sign and return this form by Email: admissions@wuhs.edu.bz or apply@wuhs.edu.bz or Fax: +614.340.4688

WUHS Office of Admissions

6956 E. Broad St., Suite 400
Columbus, OH 43213
Phone: +866.966.9843

DIRECTIONS: COMPLETE ALL FIELDS—INCOMPLETE FORMS WILL NOT BE ACCEPTED - PRINT CLEARLY

*A \$50 USD change fee will be required to make any changes to an existing semester agreement. There is no fee for the first agreement submitted for each enrolled semester (only if you make changes to an existing agreement on file for the existing semester).

WhatsApp: +440.732.5451
Fax: +614.340.4688
Email: admissions@wuhs.edu.bz

Student Information:

Student ID: _____

Last Name: _____

First Name: _____

Address: _____

Street

City

State

Zip Code

Email: _____

Phone No.: _____

Clinical Enrollment Information:

Program Location: _____

Semester: 6 7 8

9 10 11

Core Rotations Completed:

12-week IM	<input type="checkbox"/>	6-week PED	<input type="checkbox"/>
12-week SURG	<input type="checkbox"/>	6-week PSYCH	<input type="checkbox"/>
6-week FM	<input type="checkbox"/>	6-week OBGYN	<input type="checkbox"/>

Elective Rotations Completed:

_____	FROM	<input type="text"/>	TO	<input type="text"/>
_____	FROM	<input type="text"/>	TO	<input type="text"/>
_____	FROM	<input type="text"/>	TO	<input type="text"/>
_____	FROM	<input type="text"/>	TO	<input type="text"/>

Tuition Payment Plan Selection:

I will participate in (you are *only* permitted to select and maintain **ONE** Plan Selection):

Plan A Plan B Plan C *MA Program **Webber

*Estimated Disbursement Date (MA Program only): _____

**First Webber Payment Plan due date/amount: _____

***MA Program – Must provide evidence of Enrollment/Loan Approval/Estimated Loan Disbursement Date to finance@wuhs.edu.bz**
****Webber – WUHS must have a copy of payment plan agreement with Webber on file. Prior to the start of your semester to qualify under this plan.**

Carefully read the Payment Plan Selection Guidelines thoroughly and make your selection. Students are required to select (only one) Payment Plan. All payment plans are assigned a due date according to payment plan policy. Payment plan tuition due dates are located within the Payment Plan Selection Guide and within your tuition statement. Students participating in an approved MA Program, full tuition payment is due within 24 hours of receipt of student loan funds disbursement. Disbursement date is required on this form. Students participating in the Webber Payment Plan have a specific payment amount due each month according to the payment plan agreement signed and on file.

Memorandum of Understanding:

I understand and accept the offer made to me by Washington University of Health and Sciences and I acknowledge that my enrollment in the aforementioned program (semester) is under Washington University of Health and Science (a medical school located in Belize). Any refunds will be based on the university refund policy which is posted on the website (wuhs.org) will be governed by the University's Terms of Enrollment as well as other applicable school policies and procedures. I certify that I have read and agree to comply with the policies and procedures. The undersigned is a student duly enrolled in a study program with Washington University of Health and Science.

Signature: _____

Date: _____