

Admissions/Acceptance Form



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 fax to the Office of Admissions at Fax: +614.340.4688

WUHS Office of Admissions

6956 E. Broad Street, Suite 400
Columbus, OH 43213
Phone: +866.966.9843
WhatsApp: +440.732.5451
Fax: +614.340.4688
Email: admissions@wuhs.edu.bz

DIRECTIONS: COMPLETE ALL FIELDS—INCOMPLETE FORMS WILL NOT BE ACCEPTED - PRINT CLEARLY
*A \$50 USD change fee will be charged to tuition balance 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).

Student Information:

Student ID: _____
Required

Last Name: _____ First Name: _____

Address: _____
Street Address (Legal Home Address)

Address: _____
Street Address (Address in Belize) MD5 students (please list address you will reside during your MD5 semester)

Email: _____ Phone No.: _____

Enrollment Information:

Program Enrolled: _____ Semester Enrolled: _____
(PMD1, PMD2, PMD3 or MD1, MD2, MD3, MD4 or MD5) (Term Month and Year)

Acceptance Date: _____
Original Acceptance Month/Year

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 48 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.edu.bz) and will be governed by the University's applicable 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: _____

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EMERGENCY CONTACT INFORMATION:

Who to contact in the event of an emergency on your behalf (usually this will be your parent and/or guardian)

Name: _____
Emergency Contact Name

Relationship to Student: _____
(Example: parent, brother, sister, etc.)

Country of Their Location: _____
(What country do they currently reside)

Email Address: _____

Phone: _____
(Please include country code)

WhatsApp? YES NO

Medical Issues: *Please list any medical concerns the University should be made aware of in the event you need to seek medical attention.*
