



# GreenHeart Medical University (GMU)

## School of Medicine

### New Student Registration Form

PLEASE PRINT

OFFICE USE  
File copy

New Students registering for their First Semester are required to provide: (1) Evidence of academic qualifications, (2) Letters of Acceptance, (3) Proof of Identification, (4) Financial Clearance, (5) Any additional documentation indicated under terms of acceptance. Students will register for the assigned courses only. The course assignment will be determined by the admissions committee under advisement of the Dean and upon placement recommendation. Courses offered at GMUSOM per semester are pre-determined and scheduled per set curricular structure. **Incoming New Students** are required to pay a Onetime Registration fee of US\$500. Registration for each semester will take place between Monday and Friday of the first week of classes. At registration, students will be provided with the class schedules and syllabi for the courses being offered for that semester.

Accepted In: <input type="checkbox"/> 5 Year <input type="checkbox"/> 4 Year MD Program	Term: <input type="checkbox"/> Jan. <input type="checkbox"/> May <input type="checkbox"/> Sep. 20 _____	Semester Code (PM1-MD4)
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Last Name:		First:	M.I.
Citizenship:		GMU ID No:	
Date of Birth:	Gender:	Marital Status	
Phone:	E-Mail:		
Permanent Address :			

Code	Course Title	CR	Lecturer	Class Schedule
1.				
2.				
3.				
4.				
5.				
6.				
7.				

<input type="checkbox"/> Application Fee (US\$ 75/25) Receipt <input type="checkbox"/> Seat Deposit (US\$ 1000) Receipt <input type="checkbox"/> Registration Fee (US\$ 500) Receipt <input type="checkbox"/> Tuition Fee Receipt Amount Paid US\$ ..... Balance US\$ .....	<input type="checkbox"/> Approved Tuition Structure (Tuition Fee / year) - Tuition (Per Year or Semester) US\$ ..... <input type="checkbox"/> Scholarship / Financial Assistance Offered - Amount Offered (Per Year or Semester US\$ ..... <input type="checkbox"/> Monthly Payment Plan (If Any – 03 month plan Only - Attach in File Section - F) - Amount / Month US\$ .....
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I, the undersigned hereby declare that the above personal information provided by me is complete & correct. I agree to comply with all the rules & regulations of GMU including submission of any documents requested and payment of my tuition & fee in a timely manner. I also agree to conduct myself on a high ethical & moral standard and to resolve any academic or non-academic disputes that may arise within the University while understanding that any deviations causing adverse effects to the University might result in my dismissal. I understand that any direct Financial Assistance in Tuition Fee (Scholarship / Special Tuition Package) provided by GMU is an investment in the University's future and on becoming a recipient of such assistance I would be held responsible and liable by its governing terms and conditions. I also understand that the University reserves the right to make any policy and regulatory changes at any time.

Student's Name: (Print)	<b>REGISTRAR'S OFFICE:</b> Name (Print); ..... Date & Signature:
Date	
Signature:	

**SEAL**



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<b>MD Program Accepted In:</b> <input type="checkbox"/> 5 Year <input type="checkbox"/> 4 Year	<b>Semester:</b> <input type="checkbox"/> Jan. <input type="checkbox"/> May <input type="checkbox"/> Sep. 20 _____	<b>First Semester (PM1-MD4)</b>
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<b>Student's Name: (Print)</b>	<b><u>REGISTRAR'S OFFICE:</u></b>
<b>Date:</b>	<b>Name (Print):</b> .....
<b>Signature:</b>	<b>Date &amp; Signature:</b>
	<b>SEAL</b>