



International Admission Application for Kaplan Medical Programs For studies in the United States

Please mail or fax the completed application to

Kaplan Test Prep
 Attn: International Medical Admissions
 700 South Flower Street, Suite 2900
 Los Angeles, CA 90017 USA
 Fax: +1-213-892-1360
 Email: Medical.Admissions@kaplan.com

Please type or print in **BLOCK LETTERS**. All sections must be completed.
 For any section left incomplete, it will be assumed that the service is not being requested.

SECTION 1- INTERNATIONAL REPRESENTATIVE INFORMATION

Kaplan Medical International Representative: _____
 Email Address: _____ Telephone: _____
 Address: _____

SECTION 2- STUDENT INFORMATION

A. Please write your name as it appears on your passport. Errors may cause delays in processing.

Family Name: _____ First Name(s) _____ Middle _____
 Email Address: _____ Date of Birth (Day/Month/Year): ____/____/19____ Male Female
 Country of Birth _____ Country of Citizenship _____

B. Student's International Home Country Address: *This information is required for students requesting an I-20. P.O. Boxes are not permitted.*

Street Address: _____
 City: _____ State/Province: _____ Country: _____ Postal Code: _____

C. Student Visa Assistance (Please check one): *I-20 issuance is subject to confirmation of the validity of your non-immigrant status.*

Outside the USA and need a student visa Inside the USA (Please indicate visa type: _____) US Citizen/Permanent Resident

I am bringing dependents. *Please provide the following information for each dependent. Use additional pages if necessary.*

Family Name: _____ First Name(s): _____ Relationship: _____
 Date of Birth (Day/Month/Year): ____/____/____ Country of Birth: _____ Country of Citizenship: _____

SECTION 3 - COURSE INFORMATION

A. Location of Study: _____ **Start Date:** (Day/Month/Year) _____/_____/20____

B. If studying USMLE: *Please choose your preferred courses from below. For Step 1, choose either a CenterPrep only option or a DeluxePrep option.*

USMLE Step 1		
CenterPrep Only <i>Flexible Structured Study</i>	DeluxePrep <i>Combine Center access and Live Instruction. Please place a check next to one Center option and one Live option.</i>	
<input type="checkbox"/> 3 Months	Center Prep	Live Prep
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 4 Months	<input type="checkbox"/> 7 Weeks
<input type="checkbox"/> 9 Months	<input type="checkbox"/> 7 Months	<input type="checkbox"/> 14 Weeks ²
	<input type="checkbox"/> 10 Months	<input type="checkbox"/> 16 Weeks ²

USMLE Step 2 CK
<i>Choose from CenterPrep (flexible structured study) or DeluxePrep (Center + Live)</i>
<input type="checkbox"/> 3 Months Center
<input type="checkbox"/> 4 Months Deluxe

USMLE Step 3 ¹
<i>Choose from CenterPrep (flexible structured study) or DeluxePrep (Center + Live)</i>
<input type="checkbox"/> 3 Months Center
<input type="checkbox"/> 4 Months Deluxe

Notes: ¹ Proof of passing scores on Step 1 and Step 2 are required for I-20 issuance.
² 14 and 16 Weeks Live options only held at Chicago Downtown, Washington DC, and NJ Penn Station Centers. 16 Weeks Live Lecture cannot be combined with 4 months CenterPrep.

If your requested USMLE course is not indicated above, please write it in: _____

International Admission Application for Kaplan Medical Checklist



International Admission Application for Kaplan Medical

In order to efficiently and accurately process your enrollment, you will need to submit a completed International Admission Application for Kaplan Medical. It is necessary that you fill out the entire application. Failure to do so may create unnecessary delays in the issuance of your I-20 and/or errors in the processing of your enrollment. Please provide the name on the application as it appears on the applicant's passport.



Proof of Financial Eligibility

Please submit a copy of the student's, student's parent's, or sponsor's bank statement, or a bank letter on official bank stationery confirming that the funds required to meet the estimated cost of study are available. The date, account holder's name, and account balance must be clearly identified, and the letter or statement must be dated within 180 days of the application. Please note that Kaplan cannot accept investments/stocks or credit card accounts.



Signed Letter of Support

If the proof of financial eligibility provided is not in the student's name, you will also need to submit a signed letter of support from the person whose name appears on the documentation provided. Please feel free to use the following language for that letter:

I certify the financial information and documentation submitted with this application for admission accurately reflects the financial support for the named student to study with Kaplan Medical Programs. My signature certifies that I accept responsibility for the payment of all fees and expenses associated with this student's enrollment with Kaplan. I make this statement for the purpose of assuring Kaplan Medical that the student named will not become a public charge in the U.S.

Name of sponsor (please print)

Name of student (please print)

Signature of sponsor

Month Day Year



Proof of English Proficiency

An applicant may submit one of the following:

- | | |
|--|--|
| A) A minimum TOEFL®* PBT score of 530 [^] | E) A minimum IELTS® score of 5.5 [^] |
| B) A minimum TOEFL®* CBT score of 197 [^] | F) A degree from an American high school, college, or university |
| C) A minimum TOEFL®* iBT score of 71 [^] | G) A letter from a foreign college or university attended stating that English is the primary mode of instruction. |
| D) A minimum TOEIC® score of 710 [^] | |



Proof of Scholastic Preparation

For admission to a preparation course for the NCLEX-RN® exam or USMLE® program, the applicant must provide a transcript or diploma from a college or university showing that a course of study normally required for enrollment is in progress or has been completed.



Copy of Applicant's Valid Passport

Note: If you are already in the USA, you may be required to submit additional documentation and/or information. All documents are subject to review.

* Test names are registered trademarks of their respective owners.

[^] Test scores must be dated within 24 months of application.

TERMS AND CONDITIONS

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Student Visa Information

In support of a student's application for F-1 visa status, Kaplan is authorized to issue a Form I-20 A-B, Certificate of Eligibility for Non-immigrant (F-1) Students. Submission of the International Admissions Application and/or payment for course enrollment does not guarantee that Kaplan will issue a Form I-20 A-B, Certificate of Eligibility for Non-immigrant (F-1) Students.

As stated on page 3 of this application, students planning to apply for an I-20 for study in the USA are required to demonstrate adequate financial support for the entire enrollment period. Kaplan estimates a student's cost of study as follows:

\$200 application fee
+Tuition Fees
+\$85 per month (insurance fees, if applicable)
+Housing expenses if applicable
+\$400 per month for each dependent, if listed in application
= Total cost of study*

It is the applicant's responsibility to determine whether the SEVIS I-901 Fee applies to his/her Visa application. For more information, go to www.FMJfee.com. Please note that this fee is independent of Kaplan enrollment costs and must be paid directly to the SEVIS administrator.

*Actual cost of study will vary by center and enrollment details.

Payment Information

All tuition and fees must be paid **14 days prior to the start of the course**. All tuition and fees for Step 2 CS must be paid one month prior to the start of the course.

A non-refundable application fee is required for all I-20 applicants. The fee is \$200, payable in US dollars.

Course Payment- Full payment of course tuition may be required upon enrollment prior to I-20 issuance. Please contact your Kaplan Medical representative to determine this fee.

Fees can be paid by credit card, money order, traveler's check (domestic only), personal check (domestic only), or wire transfer. Check payments are subject to a \$20 Processing Fee if the check is returned.

Please submit Wire Transfer payments to:

JP Morgan Chase Bank
4 MetroTech Center, 22nd Floor,
Brooklyn, NY 11245
Account #05 206 0064
Account Name: Kaplan Chase Control
Account Bank Routing #021 0000 21
SWIFT: CHASUS33

Payments made by wire transfer **must include** the following information:

- 1) Student Name
- 2) Student ID Number
- 3) Center of Study
- 4) Course of Study

Health Insurance

Students studying on an I-20 from Kaplan are required to have adequate coverage for the entire enrollment period. If a student elects Kaplan insurance, coverage will begin on the first day of class. Kaplan insurance is \$85 per month. There are additional fees for each dependent. If an I-20 student is not able to show proof of adequate coverage on the first day of class, he/she will be required to purchase Kaplan insurance. Proof of adequate coverage includes an insurance membership ID card. Insurance fees are non-refundable after the course start date has passed.

Changes, Curtailments, Cancellations and Refunds

The \$200 Application fee is non-refundable.

If the applicant postpones or otherwise changes his/her enrollment, the student's I-20 must be updated and a revised I-20 mailed to the student. The student will be charged a **\$50 Express Mail Fee** for the mailing of each revised I-20. Payment of the Express Mail Fee may be required before the revised I-20 is mailed. The student is responsible for communicating any/all changes of the enrollment to the Kaplan Medical Representative as soon as he/she is aware of the change, to ensure timely processing of the changes to the I-20. Delays in communicating changes can result in visa delays or denials.

Transfer eligibility is subject to Kaplan's I-20 transfer-out policy and the approval of the Designated School Official (DSO) at the center of study.

If you are unable to start your program due to visa denial or other circumstances, Kaplan Medical will refund all monies paid less any non-refundable charges.

If you are unable to complete your course after having started the program or your enrollment is terminated by the school, the following tuition refunds will apply:

Students receive a 100% tuition refund if students cancel prior to or on the first day of class. To be eligible for a refund, the Kaplan ID card and all home study materials must be returned in usable condition. All requests for refunds must be made prior to the course expiration date.

If students are unable to start or to complete the course, or in the event that the student's enrollment is terminated, Kaplan does offer the following refunds through the third training session.

Cancellation after course start date:

- 100% of tuition refunded before any training session*
- 75% of tuition refunded after one training session but before two training sessions*
- 50% of tuition refunded after two training sessions but before three training sessions*
- After completing three training sessions, **NO REFUND***

* Because of the wide selection of Kaplan training resources available, a training session for Kaplan Medical programs is defined as any of the following: (1) attending one class (teaching section or proctored exam) (2) one visit to the In-center training library (3) use of online training resources (workshops, quizzes, etc.) (4) one training session or one consulting session or (5) use of the home study materials.