

## **Application for Admission to the University of Belize School of Medicine (UBSoM)**

**The University of Belize welcomes your application to one of our 50+ programs!**

Your application is the first step to joining the UB Black Jaguar family. Please take a moment to carefully look over your application form and instructions. It is important that you fill in all areas accurately, completely and legibly for a seamless process and timely admission response. If you have any related questions, kindly contact us at the above telephone numbers or email address.

**Equal Opportunity for all Applicants:** The University of Belize does not discriminate against applicants based on race, color, language, physical ability, age, marital and family status, gender, sexual orientation, gender identity, health status, place of residence, economic and social situation, religion, political beliefs, nationality, ethnic or social origin.

**STEP 1:** Complete Your Application Form

**STEP 2:** Gather Your Supporting Documents

**STEP 3:** Submit Your Application

### **Application Process**

1. Kindly use the checklist below to prepare your application package. You may either apply online or paper-based, not both.
2. The following items are required whether you are applying online or paper-based. To apply online, please visit our website at [www.ub.edu.bz](http://www.ub.edu.bz) and follow the instructions.
3. All applicants are required to pay the application fee and submit their supporting documents. Photocopies of all supporting documents must be certified by a Justice of the Peace or Apostilled for International Students. Local Students are required to have a Justice of the Peace or UB Records & Admissions personnel certify all photocopied supporting documents.

**Application Checklist: Kindly review the following list of items required with your application. Select only those applicable to your situation. “Certified copy” of documents refer to documents that are authenticated by a Justice of the Peace (JP).**

- Read pages 1 and 2 of this application.
- All prospective UB School of Medicine students are required to complete either this or the online form.
- Official Transcript(s): Transcripts *may* be submitted directly from your institution to UB at: [etranscripts@ub.edu.bz](mailto:etranscripts@ub.edu.bz) or you may submit the hardcopy in a sealed envelope from your institution.
- Where applicable, one certified copy of any standardized test you have taken: For e.g. CXC, SAT, ACT, CAPE, MCAT test scores.
- For students for whom English is not their first language, please contact the Regional Language Center for testing (TOEFL or IELTS).
- Two (2) completed UB Recommendation Forms – PDF Fillable Recommendation Forms are available on our website and *may* be emailed directly from the Recommenders to UB at: [etranscripts@ub.edu.bz](mailto:etranscripts@ub.edu.bz)
- Associate Degree or Bachelor Degree: Copies of non-UB degrees should be certified. Applicants who are currently enrolled are required to submit this later.
- One certified copy of your birth certificate or the biometric page in your passport.  
 Applicants with Permanent Resident status must submit a certified copy of the biometric page of the Passport along with the page that bears the Immigration Department PR Stamp.
- Certified copy of your Social Security Card.
- Certified copy of one (1) passport-size photograph.
- Complete the Educational Background Form: Applicants of Non-traditional Secondary Schools, Adult Continuing Education program or alternative schooling must complete this Form which is included in the application packet.
- You may include certified copies of other qualifications that may support your application.
- Pay a non-refundable application fee of Bz\$200.00 or US\$100.00: Cash payments cannot be mailed. Payments may be made at any UB cashier in Belize City, Belmopan, or PG campus. Payments may also be made at any Atlantic or Belize Bank. Cheques must be made payable to the University of Belize. International Students are required to request the Credit Card Authorization Form to complete payment. Always present your UB Student ID Number when making a payment.
  - International Students are required to visit our University website at [>>Admission>> International Students](http://www.ub.edu.bz) to review the additional admission requirements for foreign students.
  - Applicants who took courses through UB’s PUED/ODL/ACE program are required to reapply for admission.

Once you have completed the above checklist, you are ready to submit your application package including your receipt of payment. Please place your application in an envelope addressed to the Admission Office, University of Belize. Please note that incomplete packages may delay your application processing time.

Kindly note that the University of Belize cannot assume responsibility for information not disclosed in this application package.

### **ADMISSION DEADLINES**

The application deadlines will be published on a yearly basis, but will most likely fall either in May or June.

NB: deadline for the submission of applications for the first intake has not been set as yet.

# **Admissions at The University of Belize**

## **Past UB Students and Transcript Submission**

Past University of Belize students (from the year 2000 – current) do not need to provide their UB Transcript. Students from the University College of Belize, Belize Technical College, Belize Teacher's College, Bliss School of Nursing, and Belize College of Agriculture must however provide their official transcript of the institution attended. These transcripts can be requested through any UB Records Office or email [records@ub.edu.bz](mailto:records@ub.edu.bz)

## **UB Regional Language Centre (RLC)**

The University of Belize's Regional Language Centre (RLC) offers the Certificate in English as a Second Language (CESL), customized courses for other languages, and language examinations in English and Spanish. The RLC also provides translation services in English, Spanish and Mandarin. The Regional Language Center can be reached at telephone number 822-1000 extensions 165 or 456 or via email at [rlc@ub.edu.bz](mailto:rlc@ub.edu.bz)

## **UB School of Medicine Qualifying Entrance and Scholarship Examination (QESE)**

Please see the attached UBSoM Admission Guidelines. This examination is be taken by all applicants who do not meet the academic entry requirements and the Belizean applicants who want to compete for the UBSoM Academic Scholarship.

## **Admission Interviews**

The University of Belize School of Medicine will require applicants to attend an interview. Applicants will be notified in advance.

## **Response to Application (Admission Response Letter)**

The UBSoM is committed to responding to all applicants within a reasonable time. Response Letters are sent through email to the address provided on the application. Applicants with invalid or incorrect emails might receive a late response. We, therefore, urge applicants to complete the application process accurately and completely and always check their Spam and Junk emails before following up on a response.

The UBSoM may issue conditional acceptance letters to students. In this circumstance, the acceptance to the University is conditional pending the successful completion and submission of the completed Transcript, a certified copy of the Diploma or Degree or official results of the QESE or MCAT.

If you attended a non-traditional (Evening Division or Home School) or foreign institution, you are required to complete and submit the Educational Background Form along with your application to the University of Belize.

## **Deferral of Acceptance**

Upon acceptance to the UBSoM, a student may postpone his/her entry for up to one Academic Year. For example, if the student was accepted for August 2024, he/she may choose to defer to August 2025 or January 2018 (if the program is open for admission). To defer, the student is required to complete a Request for Deferral Form, pay the processing fee and submit the form along with the payment receipt to the Admission Office one semester in advance. The processing fee is payable at any UB Accounts Receivables Cashier, Atlantic, or Belize Bank.

## **Change in Information on Application**

If you wish to change any information on your application, just send us an email at [ubsomadmissions@ub.edu.bz](mailto:ubsomadmissions@ub.edu.bz) requesting the Change of Information on the Application Form.

## **Following Up on Admission Status**

To follow up on your application, kindly call the Admission Office at 822-1000 or email us at [ubsomadmissions@ub.edu.bz](mailto:ubsomadmissions@ub.edu.bz). You may present your UB Student ID Number for faster service.

Thank you for applying to the University of Belize

Photo	Receipt No. _____  Signature (Accounts Receivable) _____ dd/mm/yyyy _____ Date _____  .....  Signature (Admissions) _____ dd/mm/yyyy _____ Date _____	Accounts Official Stamp
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## Section 1- Biographical information

**Full Name:** \_\_\_\_\_  
 Legal Surname(s) \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name(s) (if any) \_\_\_\_\_

**Former/Maiden Name (If any):** \_\_\_\_\_ **Was your Name Changed:** Yes ( ) No ( )

**Date of Birth:** dd/mm/yyyy **Age:** \_\_\_\_\_ **Gender:** Male / Female \_\_\_\_\_  
 (Specific Age requirement for the Faculty of Health Sciences)

**Citizenship Status:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Ethnicity** (For e.g., African, Asian, Creole, Garinagu, Hispanic, Mayan, Mestizo, etc.): \_\_\_\_\_

**Other (please specify):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## Section 2 – Home Address & Contact

**Permanent Address:** Street \_\_\_\_\_ Village/Town/City \_\_\_\_\_ District or State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Mailing Address:** Street \_\_\_\_\_ Village/Town/City \_\_\_\_\_ District or State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I hereby take responsibility for updating the Records Office should my name, address, contact number and details change during my tenure at the University

## Section 3 – Admission Information

**Anticipated Start Year:** 20 \_\_\_\_\_ **Select your Semester:** January 20 \_\_\_\_\_ August 20 \_\_\_\_\_

**Intended Program:** \_\_\_\_\_ **Full-Time**   
 You may refer to the Program Listing

**\*Second Choice Program (Optional):** \_\_\_\_\_

\*(In instances where there are no spaces available in your Intended Program or you do not meet your program-specific admission requirements, your application will be evaluated for your Second Choice Program)

## Section 4 – Application Type

**Select the most appropriate application type:**

International Student: You are a citizen of a country other than Belize.

Past UB Student: UB ID# \_\_\_\_\_

UB Staff Member: YES  NO

## Section 5 – Educational Background

This is my first time applying to UB: YES  NO

List all secondary and tertiary institutions attended beginning with the most recent.		Dates Attended				*Diploma or certificate received or expecting
		From		To		
Name of Institution	City/Country	month	year	month	year	

\*Diploma, Leaving Certificate, CXCs, GCE O-Levels, etc. If none received, write "None."

## Section 6 – Standardized Exams

Select the Standardized Exam and write the year when you took or will be taking the Exam(s):

CAPE, Year: \_\_\_\_\_  CXC, Year: \_\_\_\_\_,  MCAT, Year: \_\_\_\_\_,  QESE, Year: \_\_\_\_\_

IELTS (7.0 on each band), Year: \_\_\_\_\_

TOEFL (94-101), Year: \_\_\_\_\_

## Section 7 – Financing Your Program

The following information is being requested for statistical purpose and to provide appropriate financial guidance where necessary. Kindly complete this section to the best of your knowledge. Be informed that all applicants are protected under our Non-Discrimination Policy and this section will not affect your admission status in any way or form.

**Employment Status:** Employed  Unemployed  Self-employed  Student

**Employer's/Company's Name:** \_\_\_\_\_ How long have you been employed at this company \_\_\_\_\_

**How will you finance your education at UB:** Self  Parents  Sponsor  Scholarship

**What is the source of finance:** Bank Savings  Salary Deductions  Sale of Assets  Loan

**If you are being sponsored, does your primary sponsor have other dependents?** Yes  No  Uncertain

**What financial assistance or surety has the sponsor confirmed to date?**

Sponsorship Commitment Letter  Verbal Agreement  Other: \_\_\_\_\_

Kindly provide with your application, proof of support to finance your education. This may be in the form of a Bank Statement, Letter of Intent to Pay/Affidavit of Support or any other supporting documents confirming the sponsor's intention.

## Section 8 – Emergency Contacts – Mandatory

This information is mandatory in the event there is an emergency situation. All applicants are required to complete this section. International students must provide at least one emergency contact in Belize.

**Contact's Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

## Section 9 – Information Release Agreement

Please provide the details of persons to whom confidential information and/or documents may be released. Information will not be released to individuals not listed by you (including parents/guardians).

**Full Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Parent/Guardian Email Address:** \_\_\_\_\_  
(Required if applicant under 18 years of age)

## Section 10 – How Did You Learn About UB

**Where did you first learn about the University of Belize?**

High School Recruitment Session   
High School Career Day   
COBEC Fair

Radio/TV   
Facebook Ads   
Instagram

UB YouTube Channel   
Belize Agric. & Trade Show   
Your Place of Employment

## Section 11 – Medical History

The University of Belize expects all applicants to accurately complete this section. It is completely confidential and becomes part of your medical record. Please include any medical information that is pertinent to your ongoing care – particularly around current treatment and prescriptions, as well as your immunization records. UB does not share this information, or any other information about your health, with anyone without your written permission. In circumstances where the student's Professors or Lecturers must be informed, the student will always be consulted prior.

**Do you have a special need?** Yes  No

If you would like the Admissions committee to consider any additional information or special needs, please provide that information on a separate sheet of paper.

**What allergies do you have?** Penicillin:  Aspirin:  Latex:  Morphine:  Other:

**Are you fully vaccinated?** Fully Vaccinated  Fully Vaccinated Except for COVID-19 Vaccine

## Section 12 – Personal Statement

Please assist us in learning more about your personal and professional aspirations. In about 250 to 500 words, kindly write a statement of purpose (essay) outlining your accomplishments, career ambition and professional goals. Please include any extra-curricular involvements or interest you may have. Please continue your essay on the reverse side of this page.

## Section 13 – Conduct, Certification & Signature

**Applicant must submit a police record from the jurisdiction(s) in which they have lived over the last 4 years.**

**Have you ever been involved in any disciplinary problems involving educational institutions, employers or the police?**

Yes  No

**Have you ever committed any academic misconduct at any institution you were enrolled in?** Yes  No

I certify that all information given in this application is complete, true, and accurate. I understand that withholding or falsifying information may result in a revocation of an admission offer, making me completely ineligible for admission or continuation at the University. I agree that as a student, I will attend the official New Student Orientation, pay my bills, endeavor to excel, and abide by the policies, procedures and rules of the University of Belize School of Medicine specifically.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ mm / dd / yyyy

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ mm / dd / yyyy  
(Required if the applicant is under 18 years of age)

**Parents/Guardian's email address:** \_\_\_\_\_  
(Required if the applicant is under 18 years of age)

## **Section 12 – Personal Statement - Continue**

# The University of Belize School of Medicine Admission Guidelines (Excerpt)

## Eligibility Criteria

### Academic Eligibility Criteria:

- The minimum standard is the successful completion of the University of Belize's Associate degree in PreMedical Sciences with a minimum cumulative GPA of 3.0.
- Applicants with a Bachelor of Science degree in Biology, Chemistry, or Biochemistry with a minimum cumulative GPA of 3.0 are also eligible.
- Applicants who do not meet the above academic eligibility criteria must meet the testing requirements.

### Testing Requirements:

- Applicants must provide scores from either the UBSoM Qualifying Entrance and Scholarship Examination (QESE) or the MCAT.

- QESE: Minimum required score is 320 (minimum of 80 in each section).
- MCAT: Minimum score of 500 is recommended.

## Evaluation Process

- Initial Screening: Applications are reviewed for completeness and compliance with eligibility criteria. Incomplete applications will not be considered.
- Academic Assessment: Academic records and test scores are evaluated to assess academic readiness for the program.
- Interview: Shortlisted candidates will be invited for an interview to assess their motivation, communication skills, and suitability for the medical profession.

## Selection Criteria

The following criteria will each receive a score. The highest scoring applicants will be accepted.

- Academic Performance: Academic transcripts and test scores.
- Interview Performance: Assessment of the candidate's suitability based on the interview.
- Letters of Recommendation: Quality and relevance of the recommendations.
- Personal Statement: Clarity, motivation, and alignment with the mission of UBSoM.

## Notification and Acceptance

- Notification: Applicants will be notified of their admission status within 15 business days after the interview.
- Acceptance: Accepted candidates must confirm their acceptance and submit the required deposit by the date indicated in the letter to secure their place in the program.

## 3.6 Registration and Orientation

- Registration: Accepted students must complete the registration process by the date indicated in the acceptance letter.
- Orientation: All new students are required to attend the orientation program, which provides an overview of the curriculum, expectations, and resources available at UBSoM.

## Tuition Scholarship

- The UBSoM offers a total of 5 tuition only scholarships annually based on academic performance on the QESE. These include 1 for 100%, 1 for 75%, 1 for 50% and 2 for 25%.
- Scholarship Tiers:
  - 100% Tuition Waiver: Achieve 93-100%
  - 75% Tuition Waiver: Achieve 90-92.9%
  - 50% Tuition Waiver: Achieve 88-89.9%
  - 25% Tuition Waiver: Achieve 85-87.9%

## International Students

- Visa Requirements: International students must comply with Belizean visa requirements and obtain the necessary documentation before enrolment.

# **Educational Background Summary**

*(From Beginning to Present)*

**Applicant's Name**

**ID Number (Provided by UB)**

**PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.**

If you attended a Non-Traditional High School, Homeschooling, or Continuing Education Program, the University of Belize wishes to obtain a chronological record of your school attendance showing when you started school, how far you went, the type of school you attended (Secondary/College), the certificates you earned, the examinations you passed, and your graduation.

# **Instructions**

## **Calendar Year:**

- On each line write the appropriate calendar year(s) for every school year you attended such as 2005, 2008–2010 etc

## **Age:**

- Write your age. If you were 6 years old when you attended school for the first time, write 6 on the first line.
- Write your age for each grade you attended.

## **Year in School:**

- These are the actual years you attended school. Your first year in school is number 1, your second year in school is number 2, and so on.
- You must account for every year. If you were out of school for an amount of time it must be noted.
- Allow one line for each year

## **Type of School:**

- Write the type of school you attended, such as Kindergarten, Elementary, Grundschule, Volkschule, Mittleschule, Gymnasium, Lycee, Colegio, Ecole Superior, Secondary School, Grammar School, Teacher's College, University etc.
- Use the terminology of the country where the school was located. Do not try to translate into English.

## **Full Name of School:**

- Enter the name of each school you attended.

## **School Address:**

- Write the city, village, or town and country where each school you have attended is located.

## **Language of Instruction:**

- Write the language used in class by your teachers.

## **Certificates, Diploma, Degree, Graduation:**

- Write the name of any examination(s) you passed or certificate(s) you obtained at the end of that school year. For example, if you completed secondary school at the end of your twelfth year in school, write the name of the final document you received: GCE, Reifezeugnis, Artium, Studentereksamens, Bachillerato, Baccalaureat etc
- Do not try to express the name of any document in terms of what you think the equivalent in Belize is.
- Certified translations into English of supporting documents from the secondary level and above must accompany this form.



**Office of Admission**  
University of Belize  
Hummingbird Avenue, Belmopan  
P.O. Box 340

(501) 822-1000 ext. 1501/1502/1510  
 [ubsomadmissions@ub.edu.bz](mailto:ubsomadmissions@ub.edu.bz)

## New Students Recommendation Form #1

The University of Belize appreciates your willingness to evaluate the academic potential, ethical behavior, and or professional attitude of the applicant. Your recommendation is important to the admission process and will help in advising the applicant. Please complete and return this form to the University of Belize at [etranscripts@ub.edu.bz](mailto:etranscripts@ub.edu.bz). If you are unable to email the form, kindly place same in a sealed and signed envelope and return it to the applicant for submission with the admissions package. If the form is not sufficient to the task, please submit a letter along with the form.

This form must be completed by a licensed medical practitioner or a licensed healthcare professional.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Email Address

\_\_\_\_\_  
Applicant's Institution

\_\_\_\_\_  
Applicant's Program of Study

\_\_\_\_\_  
Applicant's Contact Number

\_\_\_\_\_  
Recommender's Name

\_\_\_\_\_  
Recommender's Email Address

\_\_\_\_\_  
Recommender's Contact Number

I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.

In what capacity have you known the applicant?  
\_\_\_\_\_

How best would you describe the applicant's fitness, capability, aptitude and maturity to engage higher level studies at UB?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant's academic performance a true reflection of his/her ability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note any extra-curricular activities, positions held or achievements of the applicant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give an example to represent the applicant's personal ethics:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant on the following **attributes**:

	Excellent (Top 10%)	Good	Average	Below Average
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Final Recommendation** (Check one box only):

- I highly recommend this applicant for admission to UB.
- I recommend that this applicant be given the opportunity to show his or her ability at UB.
- I recommend this applicant but I am concerned about their academic ability or personal traits.
- I cannot recommend this applicant for admission to UB.

\_\_\_\_\_  
mm/dd/yyyy

Signature

Date



## New Students Recommendation Form #2

The University of Belize appreciates your willingness to evaluate the academic potential, ethical behavior, and or professional attitude of the applicant. Your recommendation is important to the admission process and will help in advising the applicant. Please complete and return this form to the University of Belize at [etranscripts@ub.edu.bz](mailto:etranscripts@ub.edu.bz). If you are unable to email the form, kindly place same in a sealed and signed envelope and return it to the applicant for submission with the admissions package. If the form is not sufficient to the task, please submit a letter along with the form.

This form must be completed by a junior college or university counselor, junior college or university lecturer, or the Manager or Supervisor at the applicant's place of employment.

Applicant's Name

Applicant's Email Address

Applicant's Institution

Applicant's Program of Study

Applicant's Contact Number

Recommender's Name

Recommender's Email Address

Recommender's Contact Number

I have known the applicant for: \_\_\_\_\_ years and \_\_\_\_\_ months

In what capacity have you known the applicant? I have known the applicant in the capacity of:

How best would you describe the applicant's fitness, capability, aptitude and maturity to engage in higher level studies at UB?

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Is the applicant's academic performance a true reflection of his/her ability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note any extra-curricular activities, positions held or achievements of the applicant:

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Please give an example to represent the applicant's personal ethics:

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Please rate the applicant on the following **attributes**:

	Excellent (Top 10%)	Good	Average	Below Average
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Final Recommendation** (Check one box only):

- I highly recommend this applicant for admission to UB.
- I recommend that this applicant be given the opportunity to show his or her ability at UB.
- I recommend this applicant but I am concerned about their academic ability or personal traits.
- I cannot recommend this applicant for admission to UB.

mm/dd/yyyy

Signature

Date