



American University of St. Vincent- School of Medicine
Office of Registrar
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Transfer Supplement Form

All transfer applications should complete this form along with their AUS application. Two letters of recommendation are required from former medical school faculty members.

Student Name: _____

Transferring From: _____

Dates of Attendance: _____

Basic Science Coursework:

AUS Course *Transfer Institution Course*

Course Name	Course Number	Course Name	Credits	Date Completed	Grade	Institution
Biochemistry						
Genetics						
Histology						
Cell Biology						
Embryology						
Doctor-Patient-Society						
Gross Anatomy						
Physiology						
Pathology I						
Microbiology						
Immunology						
Doctoring I						
Pathology II						
Pharmacology						
Doctoring II						
ICM						
USMLE Review						

Completed USMLE Step 1? Yes No (Please attach score reports)

Step #	Attempt	Date Taken	2 Digit Score	Pass/Fail	Institution

Clinical Clerkships:

AUS Course Transfer Institution Course

Clerkship Name	Course Number	Clerkship Name	Credits	Dates (mm/yy-mm/yy)	Grade	Institution
Internal Medicine						
General Surgery						
Pediatrics						
Psychiatry						
Obstetrics and Gynecology						
Family Practice						
Elective #1						
Elective #2						
Elective #3						

I hereby apply to transfer to the American University of St. Vincent with advanced standing. I understand that it is my responsibility to assure compliance with all AUS requirements. This includes the admissions provision that AUS cannot accept any transfer credits without the accompanying official transcripts. I also understand that AUS can accommodate the special needs of transfer students only to the extent permitted based on the curriculum, syllabus, and other regulations established by the medical school.

Signature: _____

Print Name: _____

Dates Completed: _____