



## ENROLLMENT APPLICATION FORM

Submit application to either the USA or Mexico address:

JBGdL School of Medicine  
 P.O. Box 217  
 Zapata, Texas 78076  
 USA  
 1-866-633-7246  
 info@delara.us

JBGdL Escuela de Medicina  
 Av. Juárez #522  
 Nva. Cd. Guerrero, Tam.  
 Col. Centro, C.P. 88370  
 México  
 01-897-976-1083  
 info@delara.com.mx

<http://www.delara.us>  
<http://www.delara.com.mx>

Please complete and submit the application form with a money order in the amount of \$100 (non-refundable) payable to Med School Group LLC.

Applying for	Fall	Spring	Summer	Year
Personal Information	Mr.	Ms.		
	First name		M.I.	Last name
	City	State	Country	Month Day Year
Birth Information				
Citizenship				
Social Security Number				
U.S. Passport	Registration Number		Month	Day Year
	Date of Issue			
Current Mailing Address	Street		City	State Zip code
Permanent Mailing Address	Street		City	State Zip code
Current Telephone Number	Home	Work	Cell	
Permanent Telephone Number	Home	Work	Other	
Current E-mail				
Spouse	First name		M.I.	Last name
	State	Occupation	Living	Deceased
	# of Dependents			

Personal History

Have you ever been accepted to or attended a medical school?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, specify

Have you ever been disciplined, placed on academic probation, suspended, or disenrolled from an institution of higher education? If yes, provide details.

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Have you ever been convicted of a criminal offense, or are there disciplinary or criminal charges pending against you? If yes, explain in detail.

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Academic History  
Colleges, Graduate &  
Professional Schools  
Attended

Institution Name	City/State	From/To	Major	Degree/Date

Are your premedical requirements completed?  No  Yes

If no, on what date do you expect to complete them?



