



Office of Admission
University Avenue of Belize Hummingbird,
P.O. Box 340
(501)822-1000 ext. 1501/1502/1510
ubsomadmissions@ub.edu.bz



**Application University of Belize School of Medicine (UBSoM)
Qualifying Entrance and Scholarship Exam (QESE)**

Exam Information:

- Date:**
- Time:**
- Location:** UB Central Campus, Belmopan
- Cost:** non-refundable \$300.00

Application Procedures:

1. **Complete the Application Form:** Fill out the sections below accurately and legibly.
2. **Pay the Application Fee:** Pay \$300.00 at the University of Belize Account Department.
3. **Submit Proof of Payment:** Send a copy of the receipt to ubsom@ub.edu.bz.
4. **Bring Identification:**
 - UB students: Copy of UB Student ID or Social Security Card.
 - Non-UB students: Social Security Card.
5. **Receive Study Guide:** Upon payment confirmation, a study guide will be provided within 3 days.

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: / / / **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 – 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:** _____

Submission Instructions

Please ensure all sections are completed and submit your application along with the payment receipt to:

University of Belize School of Medicine Office

University of Belize

University Avenue of Belize Hummingbird

P.O. Box 340

Belmopan, Belize

(501) 822-1000-Ext. 1091

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