

# ST. GEORGE'S UNIVERSITY

## SCHOOL OF VETERINARY MEDICINE



### APPLICATION FOR ADMISSION

Please check the appropriate program:  August Term 20 \_\_\_  January Term 20 \_\_\_

**SCHOOL OF VETERINARY MEDICINE**

First Year Doctor of Veterinary Medicine

Prevetterinary Program (1, 2 or 3 years)

Advanced Standing Applicant \*

**DUAL DEGREE PROGRAM**

DVM/MPH

DVM/MSc

DVM/MBA in Multi-Sector Health Management

\* The Committee on Admission must give prior approval for an application for advanced standing to be submitted.

#### I. PERSONAL DATA

Male  
 Female

\_\_\_\_\_  
Last Name (Family Name) First Name Middle Name

\_\_\_\_\_  
Former Last Name (if any) SSN (required for US Citiz/Perm Res) Date of Birth (Month/Day/Year) Age

\_\_\_\_\_  
Passport Number Country of Citizenship Country of Birth

\_\_\_\_\_  
U.S. Visa Status (if applicable) U.S. Permanent Resident (Green Card Holder)  Yes  No Country of Residence Dual Citizenship  Yes  No Other Country \_\_\_\_\_

\_\_\_\_\_  
Student Mailing Address (Street Address, P.O. Box) Apartment, Suite, Unit, Building, Floor etc.

\_\_\_\_\_  
City or Town State/Province/County Zip Code/Postal Code

\_\_\_\_\_  
E-mail Address Home Phone No. (Country/Area/City Code) Cell Phone No. (Country/Area/City Code)

\_\_\_\_\_  
Work Phone No. (Country/Area/City Code) Fax Number

**NAME:** \_\_\_\_\_

*Permanent address if different than mailing address:*

Permanent Address Line 1 (Street Address, P.O. Box) \_\_\_\_\_

Permanent Address Line 2 (Apartment, Suite, Unit, Building, Floor etc.) \_\_\_\_\_

City or Town \_\_\_\_\_

State/Province \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

*Use Student Permanent Address (Street) after what date:* \_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year**

**Name and phone number of person to call in case of emergency: (Must be filled in)**

Relationship:

Parents

Spouse

Sibling

Relative

Friend

Other

Name \_\_\_\_\_

Phone Number (Country/ Area/ City Code) \_\_\_\_\_

## II. FAMILY DATA

Marital Status: \_\_\_\_\_ # of Dependents \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Name of Dependents \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Siblings \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

### III. a. What prompted you to first contact St. George's University? (Please be specific)

School Advisor Name: \_\_\_\_\_

Advertisement:  Newspaper/Magazine  Internet banner

Word of Mouth Name: \_\_\_\_\_

SGU Graduate  SGU Student  SGU Faculty  Visiting Professor  Health Professional (MD, DVM, etc.)

Other \_\_\_\_\_

Email from SGU

Internet Search

Social Network  Facebook  Twitter  Other \_\_\_\_\_

Campus Poster

College Fair/Professional Conference

Barry University/SGU Mailer

Reference Book \_\_\_\_\_  Other \_\_\_\_\_

### b. What made you Apply to St. George's University? (Please be specific)

Student Services  USMLE Performance  Graduate Success  Facilities Other \_\_\_\_\_

### c. WERE YOU CONTACTED BY PHONE OR EMAIL AFTER REQUESTING INFORMATION ABOUT ST. GEORGE'S UNIVERSITY?

Yes  No If yes, please check one:  Student  Graduate  Admission Counselor

Did this influence your decision to apply to St. George's University? Yes  No

NAME: \_\_\_\_\_

#### IV. PERSONAL HISTORY

1. Do you have any physical, mental, emotional and/or learning disabilities?  
 Yes  No If yes, please explain \_\_\_\_\_
2. Have you ever had any physical, mental, emotional and/or learning disabilities?  
 Yes  No If yes, please explain \_\_\_\_\_
3. Are you currently under the care of any health care provider for any physical, mental, emotional and/or learning disability?  
 Yes  No If yes, please explain \_\_\_\_\_
- 4.. Have you ever been under the care of any health care provider for any physical, mental, emotional and/or learning disability?  
 Yes  No If yes, please explain \_\_\_\_\_
- 5.. Are you currently taking any prescription medications for any physical, mental, emotional and/or learning disability?  
 Yes  No If yes, please explain \_\_\_\_\_
6. Have you ever been convicted of a crime?  
 Yes  No If yes, please explain \_\_\_\_\_
7. Have you ever had privileges or a license, (professional or otherwise) denied, suspended and/or revoked?  
 Yes  No If yes, please explain \_\_\_\_\_
8. Have you ever been subject to a disciplinary inquiry by or before an oversight body or a licensing board?  
 Yes  No If yes, please explain \_\_\_\_\_
9. Have you ever been dismissed from an academic institution?  
 Yes  No If yes, please explain and indicate which institution \_\_\_\_\_
10. Have you ever attended veterinary medicine school?  
 Yes  No If yes, please explain and indicate which institution \_\_\_\_\_ Date Attended \_\_\_\_\_
11. Have you ever applied to St. George's University before?  
 Yes  No If yes, when? \_\_\_\_\_  
Since you last applied, please explain how you have enhanced your application \_\_\_\_\_
12. Do you presently fulfill the requirements for admission as outlined in the University Catalogue?  
 Yes  No  
If no, what requirements do you need to fulfill? \_\_\_\_\_  
When will you complete the requirements? \_\_\_\_\_
13. What is your first (native) language? \_\_\_\_\_
14. Is English spoken in your home?  Always  Most of the Time  Rarely  Never
15. Was your schooling in English?  
 Yes  No Which years? \_\_\_\_\_

#### V. EMPLOYMENT, VOLUNTEER WORK, AND EXTRACURRICULAR ACTIVITIES

1. List EMPLOYMENT in the last four years:  
Date: \_\_\_\_\_ to \_\_\_\_\_  
Date: \_\_\_\_\_ to \_\_\_\_\_
2. List VOLUNTEER WORK in the past four years:  
Date: \_\_\_\_\_ to \_\_\_\_\_  
Date: \_\_\_\_\_ to \_\_\_\_\_
3. List all EXTRACURRICULAR ACTIVITIES:  
Date: \_\_\_\_\_ to \_\_\_\_\_  
Date: \_\_\_\_\_ to \_\_\_\_\_

NAME: \_\_\_\_\_

**VI. ACADEMIC RECORD**

**1. Please indicate highest level of academic achievement:**

North American Model of Education:

High School Diploma     Undergraduate     Graduate Degree

High School: (Applicable to preveterinary applicants)

Name: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Undergraduate

Institution: \_\_\_\_\_

Degree Date: \_\_\_\_\_

Major: \_\_\_\_\_

Degree Type: \_\_\_\_\_

Science Postbaccalaureate

Institution: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_

Number of credits earned: \_\_\_\_\_

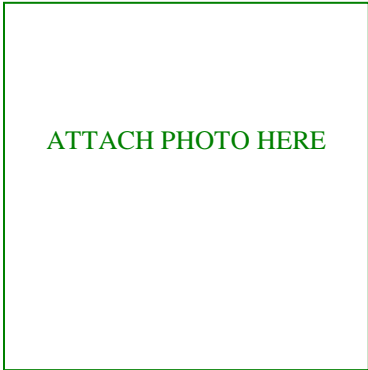
Graduate

Institution: \_\_\_\_\_

Major: \_\_\_\_\_

Degree Date: \_\_\_\_\_

Degree Type: \_\_\_\_\_



Composite Grade Point Averages (If applicable):

Overall Undergraduate GPA: \_\_\_\_\_ Overall Undergraduate Science GPA: \_\_\_\_\_ Science Postbaccalaureate GPA: \_\_\_\_\_ Overall Graduate GPA: \_\_\_\_\_

**This section is for applicants who have attended a University that follows the North American model of education. Completion of the specific undergraduate coursework listed below will determine your eligibility for placement in the Veterinary or Preveterinary Program:**

COURSE TITLE	YEAR TAKEN	CREDIT HOURS	GRADE	INSTITUTION
General Biology I or Zoology w/lab				
General Biology II or Zoology w/lab				
Genetics				
Inorganic Chemistry I w/lab				
Inorganic Chemistry II w/lab				
Organic Chemistry I w/lab				
Biochemistry				
Physics w/lab				
Math: Calculus, Computer Science or Statistics				
English				

Other Models of Education:

GCE Ordinary Levels     GCE Advanced Levels     IB Diploma     Other, Please explain \_\_\_\_\_

**EXAMINATIONS COMPLETED OR PENDING**

Level: (eg: GCSE, A HND, Senior Cert., IB)	Subject	Date (month/year)	Place of Study	Grade

1<sup>st</sup> Degree     2<sup>nd</sup> Degree  
 Institution: \_\_\_\_\_ Date Awarded/Anticipated: \_\_\_\_\_

Subject: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Classification: \_\_\_\_\_

**2. Summary of Educational Experience:** (Please list all other institutions attended)

Institution Name	Years of Attendance	Type of Institution	Diploma/Certificate/Degree Earned	Grade Average

**NOTE: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS ALL APPLICABLE SECTIONS ARE COMPLETE** I hereby certify that all of the information provided on this application is true. If it is subsequently discovered that false or inaccurate information was submitted, the University may nullify a candidate's acceptance; if a student is registered, dismiss the student; or, if a degree has been conferred, rescind the degree.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ 2/11

# STANDARDIZED EXAMINATIONS

NAME: \_\_\_\_\_

- A. Scores from *one* of the following examinations are required of all North American applicants for direct entry into the Doctor of Veterinary Medicine.

## Graduate Record Examination (GRE)

Test Date	Verbal		Quantitative		Analytical	
	Score	% Below	Score	% Below	Score	% Below
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are presently registered to take the GRE, please indicate test date: \_\_\_\_\_

## Medical College Admissions Test (MCAT)

Test Date	Verbal Reasoning	Physical Sciences	Writing Sample	Biological Sciences
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are presently registered to take the MCAT, please indicate test date: \_\_\_\_\_

If you are presently registered to take the VCAT, please indicate test date: \_\_\_\_\_

- B. If you are a North American applicant applying to our Prevetterinary Program, please provide SAT scores

Test Date	Verbal	Math
_____	_____	_____
_____	_____	_____

- C. If English is *not* your principal language, please provide scores from one of the following examinations:

## Test of English as a Foreign Language (TOEFL)

Test Date: \_\_\_\_\_

### Paper-Based:

_____	_____	_____	_____
Section 1	Section 2	Section 3	Total Score

### Computer-Based:

_____	_____	_____	_____	_____
Listening	Structure/Writing	Reading	Total Score	Essay Writing

### Internet Based:

_____	_____	_____	_____	_____
Listening	Structure/Writing	Reading	Total Score	Essay Writing

## International English Language Testing System (IELTS)

Test Date: \_\_\_\_\_ Band Score: \_\_\_\_\_



# APPLICATION CHECKLIST

All documents must be in English or must have a certified English translation attached and must be originals or certified copies.

For your own reference, we suggest that you make a copy of your application before you submit it. This application is property of the University and will not be returned to you.

## ITEMS TO BE MAILED:

- US \$50.00 Application (The application will not be processed without the fee.)  
Payment method:
  - Check or money order payable to St. George's University (*must be drawn from a US bank*)
  - For credit card payment please complete form and submit with application
- Complete application for admission.
- Passport-sized photograph, with your name and date of birth printed on the back.
- Copy of Passport Personal Details Page
- Standardized Examination section
- Graduate Coursework section (*if applicable*)
- Documentation of animal experience: A resume style page listing the places and dates you have worked/volunteered, their contact information, a brief description of your duties and the total hours spent
- Essays, please answer both essay questions A and B:
  - A. Personal Statement: Please discuss the significant factors which led to your decision to pursue a career in veterinary medicine, and how you see yourself using this career to make a difference in the world.  
*Approximately 1500 words.*
  - B. How will you contribute to the diversity of St. George's University? *Approximately 500 words.*

### Optional Essay:

If you feel that your academic record and/or background is somewhat unusual, please state to the Committee on Admission a concise explanation of your path towards veterinary medicine.

### *The following items should be sent directly from the appropriate offices:*

- Official degree-bearing undergraduate (*and graduate, if applicable*) transcripts
- Official transcripts or academic certificates from all other institutions attended
- For North American applicants: Official Standardized Test scores from the Graduate Examination Record \* (GRE) or the Medical College Admission Test (MCAT).
- Official TOEFL or IELTS scores (*if English is not your principal language*)
- Two letters of recommendation are required. In order of importance to the Committee on Admission, these are the categories:
  1. A veterinarian with whom you have worked
  2. A university professor (*or for those applying to the Pre-veterinary Program, a teacher*)
  3. A preveterinary advisor committee or an advisor/counselor

**\* SGU IS AWARE THAT THE GRE RESULTS MAY NOT BE RELEASED TILL LATE NOVEMBER DUE TO A REVISION OF THE EXAMINATION BY ETS. WE WILL CONTINUE TO PROCESS APPLICATIONS FOR THE JANUARY 2012 ENTERING CLASS WITHOUT DELAY. WE ASK THAT YOU PROVIDE A COPY OF YOUR GRE REGISTRATION FORM WITH YOUR APPLICATION.**

1.2012

### *All application material should be forwarded to the following address:*

St. George's University Office of Admission	<b>Telephone:</b>	+1 (631) 665-8500, extension 9 -1210
c/o The North American Correspondent:		US/CANADA Toll-Free: 1 (800) 899-6337, extension 9-1210
University Support Services, LLC		UK Freephone: 0800 1699061, extension 9-1210
3500 Sunrise Highway	<b>Facsimile:</b>	+1 (631) 665-5590
Building 300	<b>E-Mail:</b>	<a href="mailto:admission@sgu.edu">admission@sgu.edu</a>
Great River, NY 11739 USA		

# GRADUATE PROGRAMS ADDENDUM

## DUAL DEGREE PROGRAMS

Please select the program that you are interested in pursuing:

**School of Veterinary Medicine:**

- DVM/MPH
- DVM/MSc
  - Anatomy
  - Bacteriology
  - Marine Medicine
  - Pharmacology
  - Wildlife Conservation Medicine
  - Anatomical Pathology
  - Clinical Pathology
  - Parasitology
  - Virology
- DVM/MBA Multi Sector Health Management

\_\_\_\_\_  
LAST NAME (please print)

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
DATE OF BIRTH

**Do you have any experience in the area you wish to study?**

- Yes       No

*If yes, please explain:*

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**What are the most significant issues facing your chosen area of study?**

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Signature \_\_\_\_\_ Date \_\_\_\_\_



# Credit Card Form for Application Fee

If you are submitting your application fee by credit card please fill out the form below and place in front of the application.

Applicant's Name (Please Print)

Date of Birth

- \$50.00 (US) Preveterinary, DVM & Dual Degree Programs



## Credit Card Holder Information Only

Last Name			First Name			MI		
Billing Street Address						Apt #		
City			State			Zip		
Day Phone			Evening Phone					
Email Address								
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club Int'l								
Credit Card Number			3 or 4 digit Security Code			Expiration Date (mm/yy)		

9/10

### Office Use Only

Approved \_\_\_\_ Denied \_\_\_\_

Authorization # \_\_\_\_\_

**Date of Transaction**