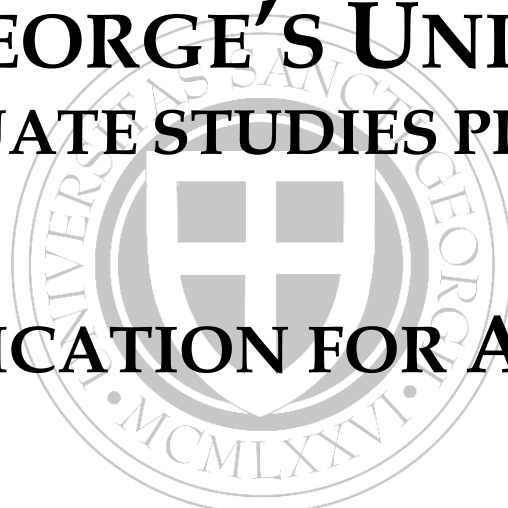


ST. GEORGE'S UNIVERSITY GRADUATE STUDIES PROGRAMS

APPLICATION FOR ADMISSION



SCHOOL OF MEDICINE

Master of Public Health (MPH)

January 20 ____ August 20 ____

Master of Science (MSc)

January 20 ____ August 20 ____

- Anatomy Bioethics
 Microbiology Tropical Medicine
 Physiology or Neuroscience

Doctor of Philosophy (PhD)

January 20 ____ August 20 ____

- Anatomical Education
 Anatomical Sciences
 Microbiology
 Physiology or Neuroscience

SCHOOL OF ARTS & SCIENCES

Master of Business Administration (MBA)

January 20 ____ August 20 ____

- Multi-Sector Health Management
 March 20 ____ September 20 ____
 International Business

Doctor of Philosophy (PhD)

January 20 ____ August 20 ____

- International Management

SCHOOL OF VETERINARY MEDICINE

Master of Science (MSc)

January 20 ____ August 20 ____

- Animal Product Processing, Entrepreneurship & Safety
 Anatomy Anatomical Pathology
 Bacteriology Clinical Pathology
 Marine Medicine Parasitology
 Pharmacology Virology
 Wildlife Conservation Medicine

Doctor of Philosophy (PhD)

January 20 ____ August 20 ____

- Anatomical Pathology
 Anatomy Bacteriology
 Clinical Pathology
 Marine Medicine Parasitology
 Pharmacology Virology
 Wildlife Conservation Medicine

I. PERSONAL DATA

- Male
 Female

Last Name (Family Name)	First Name	Middle Initial
Former Last Name (if any)	Date of Birth (Month/Day/Year)	Age
Passport Number	Country of Citizenship	SSN (required for US Citizen or Perm Resident)
U.S. Visa Status (if applicable)	Country of Residence	Country of Birth
Mailing Address Line 1 (Street Address, P.O. Box)	Mailing Address Line 2 Apartment, Suite, Unit, Building, Floor etc.)	
City or Town	State/Province/County	Zip Code/Postal Code
Country	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 from 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/County

Zip Code/Postal Code

Country

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

Applicant Marital Status: _____

of Dependents _____

Spouse's Full Name (if applicable)

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)

I am an Alumnus

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

Campus Poster

College Fair/ Professional Conference

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 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

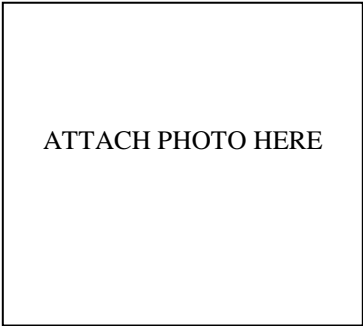
1. Are you currently under the care of any health care provider for any physical, mental, emotional and/or learning disability?
 Yes No If yes, please explain _____
2. Have you ever been under the care of any health care provider for any physical, mental, emotional and/or learning disability?
 Yes No If yes, please explain _____
3. Are you currently taking any prescription medications for any physical, mental, emotional and/or learning disability?
 Yes No If yes, please explain _____
4. Have you ever been convicted of a crime?
 Yes No If yes, please explain _____
5. Have you ever had privileges or a license, (professional or otherwise) denied, suspended and/or revoked?
 Yes No If yes, please explain _____
6. 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 _____
7. Have you ever been dismissed from an academic institution?
 Yes No If yes, please explain and indicate which institution _____
8. Do you presently fulfill the requirements for admission?
 Yes No
If no, what requirements do you need to fulfill? _____
When will you complete the requirements? _____
9. What is your first (native) language? _____
10. Is English spoken in your home? Always Most of the Time Rarely Never
11. 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 _____
Date: _____ to _____
Date: _____ to _____
2. List VOLUNTEER WORK in the past four years:
Date: _____ to _____
Date: _____ to _____
Date: _____ to _____
Date: _____ to _____
3. List EXTRACURRICULAR ACTIVITIES in the past four years:
Date: _____ to _____
Date: _____ to _____
Date: _____ to _____
Date: _____ to _____

NAME _____

VI. ACADEMIC RECORD



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

- Bachelor Degree Master Degree PhD
- Professional _____

2. Summary of Educational Experience: (Please list all higher education institutions attended)

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

VII. STANDARIZED EXAMINATIONS

a. Please provide scores for the Medical College Admission Test, Graduate Management Admission Test and/or Graduate Record Examination
NOTE: Standardized tests/examinations are not required for submission of the application but should be provided if taken.

Medical College Admission Test (MCAT)
 Test Date Verbal Reasoning Physical Sciences Writing Sample Biological Sciences

Graduate Management Admission Test (GMAT)
 Test Date Verbal Quantitative Analytical Writing

Graduate Record Examination (GRE)
 Test Date Verbal Quantitative Analytical

b. If English is *not* your principal language, please complete this section.

Test of English as a Foreign Language (TOEFL)
 Test Date: _____ Overall Score: _____ or _____ or _____
 Paper-Based Computer-Based Internet-Based

or
 International English Language Testing System (IELTS)
 Test Date: _____ Overall Band Score: _____

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: _____

APPLICATION CHECKLIST

NAME _____

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

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

- Application Fee of \$50.00 US with completed application (check or money order [drawn on US bank] payable to St. George's University or completed Credit Card Form)
- Official or certified copies of all school transcripts
- Two letters of recommendation, preferably from teachers, professors or supervisors in the work place
- Passport-sized photograph with your name and date of birth printed on the back.
- Copy of Passport Personal Details Page
- Essays with your name and date of birth printed on each page
All applicants are required to complete Essays 1 and 2, which can be created as a WORD document.
 1. Personal Statement: Please provide personal information that is otherwise not included in the application and briefly explain your interest and experience in your chosen area of study. (Maximum Length - 1500 words)
 2. Describe the most significant issues facing your chosen area of study. (300 - 500 words)
- Optional Essay
Please provide an explanation if you feel that your academic record and/or background is somewhat unusual.
- Resume or Curriculum Vitae

All application material should be forwarded to the following address:

St. George's University Office of Admission
c/o The North American Correspondent:
University Support Services, LLC
3500 Sunrise Highway
Building 300
Great River, NY 11739 USA

Telephone: +1 (631) 665-8500, extension 9-1210
US/CANADA Toll-Free: 1 (800) 899-6337, extension 9-1210
UK Freephone: 0800 1699061, extension 9-1210
Facsimile: +1 (631) 665-5590
E-Mail: admission@sgu.edu

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) Graduate Studies Program

MBA

MPH

School of Medicine MSc or PhD

School of Veterinary Medicine MSc



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