



# ST. GEORGE'S UNIVERSITY

## GRADUATE STUDIES PROGRAMS

### APPLICATION FOR ADMISSION

**CENTRE FOR ADVANCED INTERNATIONAL MANAGEMENT**  
**MBA in Multi-Sector Health Management**

January 20 \_\_\_\_  September 20 \_\_\_\_

**SCHOOL OF MEDICINE**  
**Master of Public Health (MPH)**

February 20 \_\_\_\_  May 20 \_\_\_\_  August 20 \_\_\_\_

**Master of Science (MSc)**

January 20 \_\_\_\_  May 20 \_\_\_\_  August 20 \_\_\_\_

\_\_\_\_ Anatomy  
 \_\_\_\_ Microbiology  
 \_\_\_\_ Public Health

**Doctor of Philosophy (PhD)**

January 20 \_\_\_\_  May 20 \_\_\_\_  August 20 \_\_\_\_

\_\_\_\_ Anatomy  
 \_\_\_\_ Microbiology  
 \_\_\_\_ Other \_\_\_\_\_

**SCHOOL OF VETERINARY MEDICINE**  
**Master of Public Health (MPH)**

February 20 \_\_\_\_  May 20 \_\_\_\_  August 20 \_\_\_\_

**Master of Science (MSc)**

January 20 \_\_\_\_  May 20 \_\_\_\_  August 20 \_\_\_\_

\_\_\_\_ Anatomy      \_\_\_\_ Livestock Production  
 \_\_\_\_ Marine Biology      \_\_\_\_ Marine Medicine  
 \_\_\_\_ Microbiology      \_\_\_\_ Morphological and Clinical Pathology  
 \_\_\_\_ Parasitology      \_\_\_\_ Pharmacology  
 \_\_\_\_ 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	Social Security/Social Insurance Number (if applicable)
Country of Birth	Country of Residency	Country of Citizenship	Passport Number
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 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/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 \_\_\_\_\_ Religion \_\_\_\_\_

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. 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 \_\_\_\_\_



# APPLICATION CHECKLIST

NAME \_\_\_\_\_

*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
- 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.
- 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. Briefly explain your interest and experience in your chosen area of study.
  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

**For your own reference, we suggest that you make a hard copy of your application before you submit it.**

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

St. George's University	<b>Telephone:</b> +1 (631) 665-8500, extension 210
Office of Admission	US/CANADA Toll-Free: 1 (800) 899-6337, extension 210
North American Correspondence	UK Freephone: 0800 1699061, extension 210
c/o University Support Services, LLC	<b>Facsimile:</b> +1 (631) 665-5590
One East Main Street	<b>E-Mail:</b> admission@sgu.edu
Bay Shore, NY 11706-8399	

# FINANCIAL INFORMATION

NAME \_\_\_\_\_ A09/J10

*Average fee schedule per program (based upon 48 credits):*

**MBA in Multi-Sector Health Management:**

**Tuition:** \$36,000

← Full program fees, inclusive of education/administrative, course material, and room/board for 3-week residency. Fees are subject to change & do not include airfare.

**Schools of Medicine & Veterinary Medicine Master Degree Programs:**

**Tuition:** \$29,900

← Education/administrative fees. Fees are subject to change

**Living Expenses:** \$20,000

← Anticipated airfare, housing, meals, books, and other expenses. This amount may vary by \$2,000.

*In the best interest of the student, a comprehensive financial plan is required. We do recognize that all sources of funding for your complete education may not yet be secured, but please enter the expected amount of support from each appropriate source for the total cost. All figures must be in U.S. dollars.*

Student Assets	\$ _____
Family's Income	\$ _____
Family Assets	\$ _____
Relatives and Friends	\$ _____
Student's Government	\$ _____
Agencies and Foundations	\$ _____
Loans	\$ _____
Other (explain) _____	\$ _____
 Total	 \$ _____

*The University reserves the right to require proof of a student's ability to fund a complete education.*

*If you are a non-U.S. citizen/permanent resident, please complete the following:*

1. What are the current government restrictions on taking money out of your country for purposes of your education abroad?  
\_\_\_\_\_
  
2. Does your government award competitive scholarships to qualified students who wish to study in another country?  Yes  No  
 If such grants are available, have you applied for one?  Yes  No  
 Please state what you know about your present status in the competition: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Do local banks or your government award education loans to qualified students to study in another country?  Yes  No  
 If such loans are available, have you applied for one?  Yes  No  
 Please state what you know about your present status on the loan application: \_\_\_\_\_  
 \_\_\_\_\_
  
4. Do you intend to apply for financial aid through the university?  Yes  No