



SCHOOL OF VETERINARY MEDICINE APPLICATION FOR ADMISSION

Entering Term: August Term 20 January Term 20

School of Veterinary Medicine Programs:

- Doctor of Veterinary Medicine Program
Dual Degree Program
DVM/MPH
DVM/MBA in Multi-Sector Health Management
DVM/MSc
Four-year DVM Advanced Standing Applicant

I. Personal Data

Last Name (Family Name) First Name Middle Initial
Former Last Name (if any) Date of Birth (month/day/year) Age
Country of Citizenship Country of Birth
US Visa Status (if applicable) US Permanent Resident (Green Card Holder) Country of Residence
Dual Citizenship Other Country

Mailing Address (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
Home Phone Number Cell Phone Number Email Address

Permanent address if different than mailing address:

Permanent Address (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: _____

High School Name (if in US) _____

High School City _____

High School State _____

Are your parents/relatives graduates of St. George's University?

Yes No If yes, please list first name, last name, and relationship:

Mother's Occupation _____

Father's Occupation _____

II. a. How did you learn about St. George's University? (Please be specific)

School Advisor Name: _____

Advertisement: Newspaper/Magazine Internet Banner

Word of Mouth Name: _____

SGU Affiliate 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

Reference Book _____ Other: _____

b. What factor(s) influenced your decision to apply to St. George's University? (Please be specific)

Early hands on animal experience Clinical training network NAVLE pass rates

Large number of SGU grads in the workforce Student services Campus

Dual degree opportunities International experience

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: _____

III. Personal History

1. Have you ever been convicted of a crime?

Yes No If yes, please explain:

2. Have you ever had privileges or a license (professional or otherwise) denied, suspended, and/or revoked?

Yes No If yes, please explain:

3. 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:

4. Have you ever been suspended or dismissed from an academic institution?

Yes No If yes, please explain and indicate which institution:

5. Have you ever attended veterinary medical school?

Yes No Dates Attended: _____ If yes, please explain and indicate which institution:

6. Have you ever applied to St. George's University before?

Yes No If yes, when? _____

If you have previously applied, please explain how you have enhanced your application:

7. Was your schooling in English?

Yes No If yes, which years? _____

Name: _____

IV. Veterinary, Animal, Research and Awards

You may submit an additional summary of experience in a current CV or resume.

1. VETERINARY EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Name of Practice:

Type of Practice:

Supervisor's Name:

Position:

Description of Duties:

2. VETERINARY EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Name of Practice:

Type of Practice:

Supervisor's Name:

Position:

Description of Duties:

3. VETERINARY EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Name of Practice:

Type of Practice:

Supervisor's Name:

Position:

Description of Duties:

Name: _____

1. ANIMAL EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Type of Experience:

Contact Phone Number:

City/State:

Description of Duties:

2. ANIMAL EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Type of Experience:

Contact Phone Number:

City/State:

Description of Duties:

3. ANIMAL EXPERIENCE

Please highlight the animal type/s: Small, Food, Equine, Zoo/Wildlife, Exotic/Avian, Other, Specify

Total Number of Hours:

Type of Experience:

Contact Phone Number:

City/State:

Description of Duties:

Name: _____

1. RESEARCH

Title of Research:

Where Research was Conducted:

Total Hours Completed:

Supervisor's Name:

City/State:

Description of Duties:

2. RESEARCH

Title of Research:

Where Research was Conducted:

Total Hours Completed:

Supervisor's Name:

City/State:

Description of Duties:

1. HONORS AND AWARDS

Name of Award:

Date:

Description of Duties:

2. HONORS AND AWARDS

Name of Award:

Date:

Description of Duties:

Name: _____

V. Academic Record

1. Please indicate highest level of education: _____
If you are in the process of completing a degree, please submit current transcript/academic record

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

Degree/Diploma/Exam	Date Earned	Institution	Country	Grade/Mark Achieved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have A Levels, CAPE, or IB Diploma, please list subjects:

3. Standardized Examinations

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

Graduate Record Examination (GRE)

Test Date	Verbal	Quantitative	Analytical	<i>For the 2021/2022 application cycle, St. George's University School of Veterinary Medicine does not require a GRE score to be submitted as part of your application.</i>
_____	_____	_____	_____	
_____	_____	_____	_____	

MCATs taken BEFORE April 2015

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

MCATs taken AFTER April 2015

Test Date	Biological and Biochemical Foundations of Living Systems	Chemical and Physical Foundations of Biological Systems	Psychological, Social, and Biological Foundations of Behavior	Critical Analysis and Reasoning Skills
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

B. Test of English as a Foreign Language (TOEFL) or English Language Testing System (IELTS): non-native speakers of English

Type of English Language Exam: IELTS, TOEFL-Paper, TOEFL-Computer, TOEFL-Internet	Test Date	Overall Score
_____	_____	_____
_____	_____	_____

Name: _____

VI. Essay

Please answer both essay questions A and B. They may be typed into the fields below or submitted in a separate Word document.

A. Personal Statement: Please discuss the significant factor 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. Maximum 1,500 words.

Name: _____

B. How will you contribute to the diversity of St. George's University?

Name: _____

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.

Name: _____

VII. GRADUATE PROGRAMS ADDENDUM

Those applying for a dual degree program will first be reviewed by the Committee on Admission for the Doctor of Veterinary Medicine. Upon acceptance to the DVM, an interview may be conducted by an appropriate representative of the requested program of study, and the Dean of Graduate Studies and faculty members will review the request for the dual degree program.

Please select the dual degree program that you are interested in pursuing:

- DVM/MPH
- DVM/MBA Multi Sector Health Management
- DVM/MSc

<input type="checkbox"/> Anatomy	<input type="checkbox"/> Anatomical Pathology	<input type="checkbox"/> Aquatic Animal Health
<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Pathology	<input type="checkbox"/> Parasitology
<input type="checkbox"/> Pharmacology	<input type="checkbox"/> Small Animal Clinical Sciences	<input type="checkbox"/> Large Animal Clinical Sciences
<input type="checkbox"/> Virology	<input type="checkbox"/> Wildlife Medicine	

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

- Yes No

If yes, please explain:

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

Note: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS ALL APPLICABLE SECTIONS ARE COMPLETE.
By submitting this form, you agree to be contacted by phone, email, or text about your education at St. George's University.

Before submitting this application, you affirm the following with your initials:

_____ I understand that once my application has been submitted it may NOT be altered in any way.

_____ I certify that all of the information in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.

_____ I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based.

A student's acceptance into the School of Veterinary Medicine is granted upon the presumption by the Committee on Admission that: (1) all courses currently being taken by the applicant will be completed prior to registration; (2) all statements made by the applicant during the admission process—whether oral, written, or in submission of academic documentation—are true and correct. If it is subsequently discovered that false or inaccurate information was submitted, the University may nullify a candidate's acceptance or, if the student is registered, dismiss the student.

Signature of Applicant: _____ Date: _____