

Grenada, West Indies

SCHOOL OF ARTS AND SCIENCES APPLICATION FOR ADMISSION

Entering Term: A	ugust Term 20		January Term	20		
School of Arts and Science	es Programs:					
□ Accounting	☐ Management		☐ Sociology		Finance	
□ Biology	☐ Marine, Wildlife, and		☐ Tourism and Hospitality			nly as minor with ng, International
☐ <u>Information</u>	Conservation Biology		Management			or Management.
Technology	□ Nursing					
□ International Business	□ Psychology					
I. Personal Data						
Last Name (Family Name)		First Name		Middle Initial	□ Male □ Female	
Former Last Name (if any) Date of		Date of Birt	ce of Birth (month/day/year)		Age	
Country of Citizenship Country		Country of	y of Birth			
		US Permanent Resident ☐ Yes (Green Card Holder) ☐ No		Country of Residence		
D 1633					-	
Dual Citizenship ☐ Yes ☐ No	Other Country			_		
Mailing Address (Street Addre	ess, P.O. Box)		Mailing Addr	ess Line 2 (Apa	artment, Suite,	Unit, Building,
City or Town	State/Province/C	County	ZIP Code/Postal Code		Country	
Home Phone Number (Country/Area/City Code)		Cell Phone Number (Country/Area/City Code)		mail Address		
Permanent address if <u>differe</u>	<u>nt</u> than mailing add	ress:				
Permanent Address (Street Address, P.O. Box) Floor etc.)			Permanent Address Line 2 (Apartment, Suite, Unit, Building,			
City or Town	State/Province/C	County	ZIP Code	/Postal Code	Country	

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Name:
Are your parents/relatives gradautes of St. George's University?
\square Yes \square 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 Professorv
☐ 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
☐ Residency Placements upon graduation ☐ Clinical training network ☐ USMLE pass rates
\Box Large number of SGU grads in the workforce \Box Student services \Box 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? \Box Yes \Box No

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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?	
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 a university? □ Yes □ No Dates Attended: If yes, please explain and indicate which institution:	

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

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

☐ Yes ☐ No If yes, when? ___

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Name:	
12. Was your schooling in English?	
☐ Yes ☐ No If yes, which years?	
IV Employment Volunteer	Work, and Extracurricular Activities
	and volunteer experience in a current CV or resume as an alternative to
completing this section.	
1. List <u>EMPLOYMENT</u> in the last four years, pleas	se provide hours worked per week:
Dates:	Hours per wools
Dates:	Hours per week:
Description:	
Dates:	Hours per week:
Description:	
Description.	
Dates:	Hours per week:
Description:	
2. List <u>VOLUNTEER WORK</u> in the last four years	places provide bours worked per week
2. List <u>VOLONTEER WORK</u> III the last four years	, please provide flours worked per week.
Dates:	Hours per week:
Description:	
Dates:	Hours per week:

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Name:	
Description:	
Dates:	Hours per week:
Description:	
3. List all <u>EXTRACURRICULAR ACTIVITIES</u> :	
Dates:	Hours per week:
Description:	
Dates:	Hours per week:
Description:	
Dates:	Hours per week:
Description:	

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 Please indicate highest leventh If you are in the process of com 		nit current transcript/ad	cademic record	
2. Summary of Educational E	xperience: (Please list all ins	stitutions attended)		
Degree/Diploma/Exam	Date Earned	Institution	Country	Grade/Mark Achieved
3. Examinations Completed of Level (eg: GCSE, CXC, A Level		Subject	Grade (actual or predicted)	Date (month/year)
4. Standardized Examinations	5			
A. Non-native speaker of Engli		gn Language (TOEFL)	or English Language Testir	ng System (IELTS)
	h Language Exam: FL-Computer, TOEFL-Internet	Test Date	Overall Score	
B. Scholastic Aptitud	e Test (The SAT is not a requ	uirement. Please not	e your scores if you did tak	e the exam.)
	Math Score	Verbal Score		

Name: _

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Name:			

VI. Essay

Please discuss the significant event or events in your life that influenced your decision to pursue your academic career and your chosen field of study (biology, management, etc.). Approximately 250 words.

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Name:			
VII. Advanced Standing			
Course	Completion Date	Institution	Grade Obtained
If additional space is required, please write	e the information on a sepa	rate sheet of paper.	
 The student must provide original or cell for advanced standing. 	rtified transcripts, mark she	ets, or report cards for all cours	ses to be considered
2. The student must provide a course desc course or courses.	cription, published by the in	nstitution at which the student	completed the
3. For additional information, please refer	to the University's Advance	d Standing Policy.	
Note: YOUR APPLICATION WILL NOT BE RE	VIEWED UNLESS ALL APPLICA	ABLE SECTIONS ARE COMPLETE.	
SGU requires that you certify your application type your name into the "Signature of Appli	on by submitting an electronic leant" text field.	signature. To submit an electronic	signature, simply
I hereby certify that all of the information pu inaccurate information was submitted, the the student; or, if a degree has been confer	University may nullify a candid	ue. If it is subsequently discovered ate's acceptance; if a student is req	that false or gistered, dismiss

Date:

Signature of Applicant: