



St. George's University

SCHOOL OF ARTS AND SCIENCES

Grenada, West Indies

SCHOOL OF ARTS AND SCIENCES APPLICATION FOR ADMISSION

Entering Term: August Term 20 ____ January Term 20 ____

School of Arts and Sciences Programs:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Nursing | Finance
Offered only as minor with Accounting,
International Business or Management. |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Sociology | |
| <input type="checkbox"/> International Business | <input type="checkbox"/> Tourism and Hospitality
Management | |
| <input type="checkbox"/> Management | | |

I. Personal Data

Last Name (Family Name) First Name Middle Initial Male Female

Former Last Name (if any) SSN/SIN (required for US Citiz/Perm Res) Date of Birth (month/day/year) Age

Country of Citizenship Country of Birth

US Visa Status (if applicable) US Permanent Resident (Green Card Holder) Yes No Country of Residence

Dual Citizenship Yes No 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 (Country/Area/City Code) Cell Phone Number (Country/Area/City Code) 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: _____

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)

Residency Placements upon graduation Clinical training network USMLE 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 a university?

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:

Name: _____

12. Was your schooling in English?

Yes No If yes, which years? _____

IV. Employment, Volunteer Work, and Extracurricular Activities

You may submit a summary of work, research, and volunteer experience in a current CV or resume as an alternative to completing this section.

1. List EMPLOYMENT in the last four years, please provide hours worked per week:

Dates: _____ Hours per week: _____

Description:

Dates: _____ Hours per week: _____

Description:

Dates: _____ Hours per week: _____

Description:

2. List VOLUNTEER WORK in the last four years, please provide hours worked per week:

Dates: _____ Hours per week: _____

Description:

Dates: _____ Hours per week: _____

Name: _____

Description:

Dates: _____ Hours per week: _____

Description:

3. List all EXTRACURRICULAR ACTIVITIES:

Dates: _____ Hours per week: _____

Description:

Dates: _____ Hours per week: _____

Description:

Dates: _____ Hours per week: _____

Description:

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Examinations Completed or Pending

Level (eg: GCSE, CXC, A Level, CAPE, IB, AP)	Subject	Grade (actual or predicted)	Date (month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Standardized Examinations

A. Non-native speaker of English: Test of English as a Foreign Language (TOEFL) or English Language Testing System (IELTS)

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

B. Scholastic Aptitude Test (The SAT is not a requirement. Please note your scores if you did take the exam.)

Test Date	Math Score	Verbal Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Name: _____

VII. Advanced Standing

Course	Completion Date	Institution	Grade Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is required, please write the information on a separate sheet of paper.

1. The student must provide original or certified transcripts, mark sheets, or report cards for all courses to be considered for advanced standing.
2. The student must provide a course description, published by the institution at which the student completed the course or courses.
3. For additional information, please refer to the University's Advanced Standing Policy.

Note: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS ALL APPLICABLE SECTIONS ARE COMPLETE.

SGU requires that you certify your application by submitting an electronic signature. To submit an electronic signature, simply type your name into the "Signature of Applicant" text field.

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: _____