



SCHOOL OF MEDICINE APPLICATION FOR ADMISSION

Entering Term: August Term 20 _____ January Term 20 _____

School of Medicine Programs:

<input type="checkbox"/> Doctor of Medicine Program <i>Four-, five-, six-, and seven-year programs</i> <ul style="list-style-type: none"> <input type="checkbox"/> Grenada <input type="checkbox"/> Keith B. Taylor Global Scholars Program (KBTGSP) <i>First year of Basic Sciences completed at Northumbria University in the United Kingdom (Four-year MD Program only)</i> <input type="checkbox"/> Both Grenada and KBTGSP <input type="checkbox"/> Post-Baccalaureate Premedical Program	<input type="checkbox"/> Four-year MD Advanced Standing Applicant <i>The Committee on Admission must give prior approval for an application for advanced standing to be submitted.</i> <input type="checkbox"/> Dual Degree Program <ul style="list-style-type: none"> <input type="checkbox"/> MD/MPH <input type="checkbox"/> MD/MBA in Multi-Sector Health Management <input type="checkbox"/> MD/MSc
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I. Personal Data

_____	_____	_____	<input type="checkbox"/> Male
Last Name (Family Name)	First Name	Middle Initial	<input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Residence	
Dual Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> 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	
_____	_____	_____	
<i>Permanent address if <u>different</u> than mailing address:</i>			
_____	_____	_____	_____
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)

- 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 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:

Name: _____

7. 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

3. Standardized Examinations

A. Medical College Admissions Test (MCAT): North American Applicants

Required of all North American applicants for direct entry into the Doctor of Medicine.

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 MCAT, 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

Personal Statement: Please provide personal information that is otherwise not included in the application. Maximum 1500 words.
(Required of all candidates)

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 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 Medicine. Upon acceptance to the MD, 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:

- MD/MPH
- MD/MBA Multi Sector Health Management
- MD/MSc
 - Anatomy
 - Bioethics
 - Biomedical Research
 - Microbiology
 - Neuroscience
 - Physiology
 - Tropical 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?

Name: _____

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

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 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: _____