



SCHOOL OF VETERINARY MEDICINE APPLICATION FOR ADMISSION

Entering Term: August Term 20 _____ January Term 20 _____

School of Veterinary Medicine Programs:

<input type="checkbox"/> Doctor of Veterinary Medicine Program <i>Four-, five-, six-, and seven-year programs</i>	<input type="checkbox"/> Dual Degree Program
<input type="checkbox"/> Four-year DVM 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"/> DVM/MPH <input type="checkbox"/> DVM/MBA in Multi-Sector Health Management <input type="checkbox"/> DVM/MSc

I. Personal Data

Last Name (Family Name)	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Former Last Name (if any)	SSN/SIN <small>(required for US Citiz/Perm Res)</small>	Date of Birth <small>(month/day/year)</small>	Age
Country of Citizenship	Country of Birth		
US Visa Status (if applicable)	US Permanent Resident <input type="checkbox"/> Yes (Green Card Holder) <input type="checkbox"/> No	Country of Residence	
Dual Citizenship	Other Country		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
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 <small>(Country/Area/City Code)</small>	Cell Phone Number <small>(Country/Area/City Code)</small>	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:

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. Do you have any physical, mental, emotional and/or learning disabilities?

Yes No If yes, please explain:

2. 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:

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 had any physical, mental, emotional and/or learning disabilities?

Yes No If yes, please explain:

5. 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:

6. Have you ever been convicted of a crime?

Yes No If yes, please explain:

Name: _____

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

Yes No If yes, please explain:

8. 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:

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

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

10. Have you ever attended veterinary medical school?

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

11. 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:

12. Was your schooling in English?

Yes No If yes, which years? _____

Name: _____

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: _____

Description:

Name: _____

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:

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

Name: _____

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
_____	_____	_____	_____
_____	_____	_____	_____

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

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
 - Anatomical Pathology Parasitology
 - Anatomy Pharmacology
 - Bacteriology Virology
 - Clinical Pathology Wildlife Conservation Medicine
 - Marine 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.

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: _____