



REQUEST TO APPLY AS A TRANSFER STUDENT

St. George's University School of Medicine accepts applications for transfer on a limited case by case basis.

All prospective transfer applicants should submit this form as the first step. If approved to apply as a transfer student, you will be notified and asked to complete an official application.

Please note: Permission to apply as a transfer student is not an offer of admission.

Section One

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____ Phone: _____

Section Two

Please indicate the name of your secondary school or undergraduate institution:

Please indicate graduation or completion date: _____ GPA: _____

Please indicate name of the medical school you attended and location:

Date(s) of Attendance: _____

Indicate your current status at the above medical school:

Currently Enrolled

Withdrawn

Leave of Absence

Dismissed

Academic Dismissal

Medical School GPA: _____

Were you a prior applicant to SGU? Yes No

If yes, indicate the term for which you applied: _____

Section Three

Your citizenship: _____

North American applicants, please indicate your MCAT date(s) and total score(s):

Test Date: _____ Total Score _____

Test Date: _____ Total Score _____

Test Date: _____ Total Score _____

International students, please indicate all test scores and dates, such as A-Levels, CAPE, IB Diploma, and if English is not the principal language, your International English Language Testing System (IELTS) or English as a Foreign Language (TOEFL).

Test Date: _____ Total Score _____

Test Date: _____ Total Score _____

Test Date: _____ Total Score _____

Section Four

Please briefly indicate the reason that you left medical school:

Please include any additional factors that you feel are relevant to your request for transfer:

Thank you for your interest; please email the completed transfer request form to your Admissions Officer or to admissions@sgu.edu.