



APPLICATION FOR ADMISSION

Entering Term: August Term 20 ____ January Term 20 ____ April Term 20 ____

School of Medicine Programs:

- Doctor of Medicine Program
Four-Year MD Program and Five-, Six-, and Seven-Year MD Pathways
 - Grenada
 - St. George's University of Grenada School of Medicine/
 Northumbria University (SGU/NU) Four-Year MD Program
 and Five- and Six-Year MD Pathways
Four-Year MD Program: First year of the basic sciences completed at NU.
*Five-Year MD Pathway: One year of preclinical sciences and first year of
 the basic sciences completed at NU.*
*Six-Year MD Pathway: Two years of preclinical sciences and first year of
 the basic sciences completed at NU.*
 - St. George's University of Grenada School of Medicine/
 Ramaiah University Five-Year MD Pathway
 - Grenada, SGU/NU, and SGU/Ramaiah
- Post-Baccalaureate Premedical Program
- Four-Year MD Advanced Standing Applicant
*The Committee on Admission must give prior approval for
 an application for advanced standing to be submitted.*
- Dual Degree Program
 - MD/MPH
 - MD/MBA in Multi-Sector Health Management
 - MD/MSc

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 Yes No Country of Residence
 (Green Card Holder)

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 Cell Phone Number Email Address
 (Country/Area/City Code) (Country/Area/City Code)

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

Applicant 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 or Education Counselor/Agent 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

Applicant Name: _____

III. Background Information

1. Have you ever been placed on academic or disciplinary probation, suspended or dismissed from an academic institution?

Yes No

If yes, please explain why, conditions of the probation, suspension or dismissal, and indicate which institution:

2. Have you ever been convicted of, or pleaded guilty or no contest to, a crime, excluding (1) any offense for which you were adjudicated as a juvenile or (2) convictions that have been expunged or sealed by a court (in states where applicable).

Yes No

If yes, please explain:

Applicants who currently hold, or have ever held, a professional license must answer “Yes” or “No” to the following two questions. All others, please check “Not Applicable.” Examples of licensed occupations include, but are not limited to: doctor, veterinarian, nurse, chiropractor, physician assistant, veterinary technician, EMT, lawyer, counselor, social worker, teacher, electrician, insurance agent, real estate agent/broker, etc.

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

Yes No Not Applicable

If yes, please explain:

4. Have you ever been subject to a disciplinary inquiry by or before a licensing board and/or a certification agency?

Yes No Not Applicable

If yes, please explain:

Applicant 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: _____

Applicant 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:

Applicant 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
_____	_____	_____
_____	_____	_____

Applicant Name: _____

VI. Essay

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

Applicant 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.

Applicant 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?

Applicant Name: _____

VIII. Attestation

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

By submitting this form, you agree to be contacted by phone, email, or text about your education at St. George's University.

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 admissions revocation and expulsion, should the information I certified be false.

_____ I understand that an offer of admission is conditional, pending receipt of all final transcripts showing work comparable in the quality to that upon which the offer was based.

Signature of Applicant: _____ Date: _____