St. George's University
THINK BEYOND
Grenada, West Indies

SCHOOL OF MEDICINE APPLICATION FOR ADMISSION

Entering Term: August Term 20 ____ January Term 20 ____

School of Medicine Programs:

☐ Doctor of Medicine Program
Four-, five-, six-, and seven-year programs
- ☐ Grenada
- ☐ Keith B. Taylor Global Scholars Program (KBTGSP)
  First year of Basic Sciences completed at Northumbria University in the United Kingdom (Four-year MD Program only)
- ☐ Both Grenada and KBTGSP

☐ 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 Citz/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: _____

High School Name (if in US) _____ High School City _____ High School State _____

Are your parents/relatives gradautes 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?

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: _____