



# St. George's University

THINK BEYOND

Grenada, West Indies

## SCHOOL OF VETERINARY MEDICINE APPLICATION FOR ADMISSION

Please check the appropriate program:

August Term 20 \_\_\_\_\_

January Term 20 \_\_\_\_\_

### School of Veterinary Medicine

First Year Doctor of Veterinary Medicine

Prevetterinary Program (1,2 or 3 years)

### Dual Degree Programs

DVM/MPH

DVM/MSc

DVM/MBA in Multi-Sector Health Management

Advanced Standing Applicant\*

\* The Committee on Admission must give prior approval for an application for advanced standing to be submitted.

### 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

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
U.S. Visa Status (if applicable)

U.S. Permanent Resident  Yes  
(Green Card Holder)  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 No. (Country/Area/City Code)

\_\_\_\_\_  
Cell Phone No. (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

Use Permanent Address (Street) after what date:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

Name: \_\_\_\_\_

## II. Family Data

Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Name of Dependents: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

### III. 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 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
- SGU Mailer
- Reference Book \_\_\_\_\_  Other: \_\_\_\_\_

### b. What made you Apply to St. George's University? *(Please be specific)*

- Student Services  USMLE Performance  Graduate Success  Facilities  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: \_\_\_\_\_

## IV. Personal History

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

Yes    No   If yes, Please explain:

2. Have you ever had any physical, mental, emotional and/or learning disabilities?

Yes    No   If yes, Please explain:

3. 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:

4. 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:

5. Are you currently taking any prescription medications 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 medicine school?

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

11. Have you ever applied to St. George's University before?

Yes  No If yes, when? \_\_\_\_\_

Since you last applied, please explain how you have enhanced your application:

12. Do you presently fulfill the requirements for admission as outlined in the University Catalogue?

Yes  No

If no, what requirements do you need to fulfill? \_\_\_\_\_

When will you complete the requirements? \_\_\_\_\_

Name: \_\_\_\_\_

13. What is your first (native) language? \_\_\_\_\_

14. Is English spoken in your home?       Always       Most of the time       Rarely       Never

15. Was your schooling in English?

Yes     No    Which years?: \_\_\_\_\_

## V. 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:

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

2. List VOLUNTEER WORK in the last four years, please provide hours worked per week:

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

3. List all EXTRACURRICULAR ACTIVITIES:

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

## VI. 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, level and grades:

3. Standardized Examinations

A. Scores from *one* of the following examinations are required of all North American applicants for **direct entry into the Doctor of Veterinary Medicine**.

### Graduate Record Examination (GRE)

Test Date	Verbal	Quantitative	Analytical
_____	_____	_____	_____
_____	_____	_____	_____

### Medical College Admissions Test (MCAT)

Test Date	Verbal Reasoning	Physical Sciences	Writing Sample	Biological Sciences
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____	_____
_____	_____	_____

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

*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: \_\_\_\_\_

Name: \_\_\_\_\_

## VII. Essay

Please answer both essay questions A and B. (they may be typed into final pages of application or submitted in a separate Word document)

- A. Personal Statement: Please discuss the significant factors 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 1500 words.

Name: \_\_\_\_\_

B. How will you contribute to the diversity of St. George's University? Approximately 500 words.



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: \_\_\_\_\_

## GRADUATE PROGRAMS ADDENDUM

Please select the program you are interested in pursuing:

School of Veterinary Medicine:

- DVM/MPH
- DVM/MSc
  - Anatomy
  - Bacteriology
  - Marine Medicine
  - Pharmacology
  - Wildlife Conservation Medicine
  - Anatomical Pathology
  - Clinical Pathology
  - Parasitology
  - Virology
- DVM/MBA Multi Sector Health Management

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?

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## Application Checklist

All documents must be in English or must have a certified English translation attached and must be originals or certified copies.

**For your own reference, we suggest that you make a copy of your application before you submit it. This application is property of the University and will not be returned to you.**

### ITEMS TO BE SUBMITTED WITH APPLICATION:

- US \$50.00 Application Fee (The application will not be processed without the fee\*.)  
Check or money order payable to St. George's University (must be drawn from a US bank)  
Or  
Electronic Payment via PayPal. Please go to this link and submit copy of receipt with your application (<http://www.sgu.edu/admission-application-fee-payment.html>)
- Scanned Copy of Passport Personal Details Page
- Passport-sized photograph (if passport photo on details page is not current)
- Documentation of animal experience: A resume style page listing the places and dates you have worked/volunteered, their contact information, a brief description of your duties and the total hours spent
- Essays A and B (may be typed into final pages of application or submitted in a separate word document)
- Graduate addendum, if interested in pursuing a dual degree

### The following items should be sent directly from the appropriate offices:

- Official degree-bearing undergraduate (and graduate, if applicable) transcripts
- Official transcripts or academic certificates from all other institutions attended
- For North American applicants: Official Standardized Test scores from the Graduate Examination Record (GRE) or the Medical College Admission Test (MCAT).
- Official TOEFL or IELTS scored (*if English is not your principal language*)
- Two letters of recommendation are required. In order of importance to the Committee on Admission, these are the categories:
  1. A veterinarian with whom you have worked
  2. A university Professor (or for those applying to Preveterinary Program, a teacher)
  3. A preveterinary advisor committee or an advisor/counselor

All application material should be forwarded to the following address:

St. George's University Office of Admission  
c/o University Support Services, LLC  
The North American Correspondent:  
3500 Sunrise Highway  
Building 300  
Great River, NY 11739 USA

Telephone:  
+1 (631) 665-8500, extension 9-1210  
US/CANADA Toll-Free: 1 (800) 899-6337, extension 9-1210  
UK Freephone: 0800 1699061, extension 9-1210

Facsimile: +1 (631) 665-5590      E-Mail: [admission@sgu.edu](mailto:admission@sgu.edu)