



# GALEN UNIVERSITY

## APPLICATION FOR ADMISSION INTERNATIONAL PROGRAMS

Galen University is committed to the principles of equal opportunity in education. The University does not discriminate against individuals on the basis of race, color, sex, sexual orientation, religion, disability, age, ancestry, or national or ethnic origin in the administration of its educational policies, admission policies, employment policies, and other University administered programs and activities.

NAME: \_\_\_\_\_  
*Last First Middle*

For which Undergraduate Program (\*Programs carry University of Indianapolis credits):

- Anthropology\*
- Archaeology\*
- Business Administration\*
- Economics\*
- Environmental Science\*
- International Business\*
- Marketing\*
- Semester Abroad\*
- Summer Intensive Field Program

In the following term:  
(Specify year and/or  
Summer Intensive Program)

- Fall \_\_\_\_\_
- Spring \_\_\_\_\_
- Summer \_\_\_\_\_
- Summer Intensive Field Program Session I \_\_\_\_\_  
Year/Program
- Summer Intensive Field Program Session II \_\_\_\_\_  
Year/Program

### FOR OFFICIAL USE ONLY – Please do not write in this section

	Amount	Receipt No.	Date
Application Fee	_____	_____	_____
Credit Evaluation Fee	_____	_____	_____
GPA _____	Admission Status _____		

**I. PERSONAL DATA**

Permanent Home Address: \_\_\_\_\_

Permanent Email: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Female  Male Nationality: \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Country of Residence: \_\_\_\_\_ Primary language: \_\_\_\_\_

**II. EDUCATIONAL DATA**

Please list the school you are currently attending or most currently attended or. An official transcript or any other supporting documents must accompany this application or be received before your application will be considered.

**Academic Record**

Institution	Dates	City & Country	Major	Degree(s) earned

\*All foreign transcripts will be evaluated, on a course-by-course basis.

**III. APPLICATION INFORMATION**

Please indicate the source(s) and reason(s) that led you to apply to Galen University.

**Sources**

- University Advisor/Professor
- Friends
- Galen University student or graduate
- Advertisement: \_\_\_\_\_
- Internet/Website
- Education Fair
- Other: \_\_\_\_\_

**Reasons**

- Reputation
- International/multicultural opportunity
- English speaking country
- Reasonable Program Fees
- Safety/Security
- Location
- Other: \_\_\_\_\_

Is a US transcript needed after course completion? \_\_\_\_\_

Is a Galen University transcript needed after course completion? \_\_\_\_\_

**IV. CERTIFICATION**

I have read, understand and agree to comply with Galen University application instructions. I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge. I understand that withholding information requested in the application or giving false information may make me ineligible for admission to or continuation in Galen University.

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. PAYMENT**

I am paying my application fee (\$30 US)- non-refundable:

- Cash (on site only)       Check enclosed
- Money Order                       Credit card (please fill the section below)

Credit card type:       Visa       MasterCard

Name on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date: \_\_\_\_\_/\_\_\_\_\_ Security Code from back of card \_\_\_\_\_

Signature of the card holder: \_\_\_\_\_ Date:\_\_\_\_\_

<b>Program Fee Schedule</b>	<b>Fee</b>	<b>Amount</b> (NR = Non-refundable)	<b>Due Date</b>
Semester	Housing Deposit	\$1000.00 NR	2 weeks after Admission
	Damage Deposit	\$ 200.00	2 weeks after Admission
	Balance of Fees		30 days prior to start date
Summer	Housing Deposit	\$ 250.00 NR	2 weeks after Admission
	Damage Deposit	\$ 200.00	2 weeks after Admission
	Balance of Fees		30 days prior to start date

*Funds may be wired/ deposited to a US bank account upon request.*

**Please mark the process in which your tuition will be paid and when:**

X	Check as many options as needed: Circle one: payment to <u>Student</u> or <u>Galen University</u>	Payment Date	How is payment to be received?
	Self funded		
	Scholarship		
	Financial aid from current university/institution/loan		
	Combination of self funding and financial aid		
	University Grant		
	Partial funding support needed to attend program		
	Other _____		

# ADMISSION REQUIREMENTS

## Study Abroad Students:

- 1 completed Application Form
- 4 passport size photographs
- 1 copy of Information page from Passport
- 2 official copies of transcript from current or past institution
- \$30 US Application fee (non-refundable)
- Disciplinary Clearance Form
  - Waiver Agreement (Terms & Conditions)
  - International Student Questionnaire
  - Proof of Insurance Form
  - Program Fees Payment Verification

## Send all completed documents to:

**The International Center  
GALEN UNIVERSITY**

**P. O. Box 94**

**San Ignacio, Cayo District  
Belize, Central America**

For information please phone, fax, or email:

Tel: + 501-824-3226

Fax: +501-824-3723

Email: [studyabroad@galen.edu.bz](mailto:studyabroad@galen.edu.bz)

**Foundations for Life.**

