



**GALEN
UNIVERSITY**

STUDY ABROAD APPLICATION FORM

DETAILS OF APPLICATION

Semester of intended entry :

Year:

Have you previously applied to or attended Galen University?

Yes

No

DEMOGRAPHIC INFORMATION

Legal Name *(Please enter your name as it appears on your passport and/or official documents.)*

Last:

First:

Middle:

Suffix: (Jr., Sr., if applicable)

Previous last name(s) if applicable:

Birthdate:
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How do you identify?

Male

Female

Non-binary

Prefer not to say

Nationality:

Country of Origin:

Permanent Address

Street Address:

City/Town/Village:

District:

Permanent Email:

Do you have any medical conditions that may create an emergency on campus or on a University trip (e.g. allergies, diseases, etc.)? If yes, kindly share:

Emergency Contact Name:

Relation:

Emergency Contact Email:

Emergency Contact Cell #:

ACADEMIC INFORMATION

Secondary School completed:

Year Graduated:

Cumulative GPA:

Tertiary School completed: (if applicable)

Year Graduated:

Degree earned:

Major:

Cumulative GPA:

CERTIFICATION

(Please print your name, sign and date in the spaces below to confirm the submission of your scholarship application.)

I, _____ certify that the information in this application and support materials are current, complete and accurate to the best of my knowledge. I understand that withholding information requested in the application or giving false information may take me ineligible for admission to or continuation at Galen University.