GALEN UNIVERSITY

UNDERGRADUATE APPLICATION FORM

Galen University provides market driven, transformative, experiential education for personal and social development. The University upholds the highest standards of human rights and does not discriminate against individuals on the basis of race, color, sexual orientation, gender, religion, ability, age, nationality or ethnicity in the administration of its admission and academic policies and all university programs and activities.

ADMISSION REQUIREMENTS

Only applicants who meet all of the following requirements are considered for admission:

- A cumulative GPA of at least 2.50 on a 0.00 - 4.00 Grade Point Scale
- An official transcript from your feeder institution
- A completed application form
- Three (3) references

Candidates who fall short of these requirements may appeal to the admissions office via admissions@galen.edu.bz for consideration.

REFERENCES

The contact information for three (3) references must be provided

- Principal/Vice Principal
  Name:
  Position:
  Contact:
- Teacher
  Name:
  Position:
  Contact:
- Community Leader
  Name:
  Position:
  Contact:

APPLICATION PACKAGE CHECKLIST

High School Graduates	Junior College Graduates & University Transfer Students	Diploma Programs
☐ Completed application form	☐ Completed application form	☐ Completed application form
☐ Proof of payment of $60.00 (Application fee not refundable)	☐ Proof of payment of $60.00 (Application fee not refundable)	☐ Proof of payment of $60.00 (Application fee not refundable)
☐ One copy of social security card	☐ One copy of social security card	☐ One copy of social security card
☐ Two recent passport-sized photographs	☐ Two recent passport-sized photographs	☐ Two recent passport-sized photographs
☐ One (1) official high school transcript	☐ One (1) official junior college/university transcript	☐ One (1) official university transcript
☐ One (1) copy of high school diploma (can be submitted after application package)	☐ One (1) copy of high school diploma and junior college diploma (as applicable)	☐ One (1) copy of bachelor's degree
☐ One (1) copy of any of the following test scores (if available) - ATLIB, CXC, ACT, SAT		

How to Submit Official Transcript

1. Emailed to admissions@galen.edu.bz by feeder institution

or

2. Submitted in a sealed envelope at either of the locations:

- **Main Campus**
  64 Miles George Price Highway,
  Central Farm Cayo
- **Belize City Office**
  2090 Chancellor Avenue 2nd Floor,
  -BIM Building
- **Northern Campus**
  Centro Escolar Mexico Junior College to the attention of Hugo Gonzalez or Seleni Roches

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DETAILS OF APPLICATION

Semester of intended entry (check one): ☐ September ☐ January Year _____

Are you applying to be a full-time or part-time student? ☐ Full-Time ☐ Part-Time (9 credits or 3 classes)

Please choose where/how you will be studying: ☐ Fully Online ☐ Central Farm Campus ☐ Hybrid ☐ Northern Campus

Academic Program Code: ☐☐☐☐☐ Concentration:

(See academic program codes below)

Select program under appropriate Faculty:

☐ FAST | Faculty of Arts, Science, and Technology

☐ FBE | Faculty of Business & Entrepreneurship

☐ FE | Faculty of Education

Have you previously applied to or attended Galen University? ☐ Yes ☐ No

If yes, when did you apply or enroll?

Year applied: Last semester/year enrolled: Student ID #:

UNDERGRADUATE ACADEMIC PROGRAM CODES

Faculty of Arts, Science & Technology (FAST)

- CRJT – Criminal Justice (Online)
- ANTH – Anthropology
- ESCI – Environmental Science
- CSCI – Computer Science
- CYS – Cyber Security

Associates

- VTAH – Veterinary Technician
- CSA – Computer Science

Faculty of Business & Entrepreneurship (FBE)

- ACCT – Accounting
- ACCO – Accounting (Online)
- BADM – Business Administration
- BADO – Business Administration (Online)
- ECON – Economics (Online)
- ENTRE – Entrepreneurship
- HOTO – Hospitality and Tourism
- MKTG – Marketing (Online)
- IBUS – International Business

Certificate

- C-ACC – Certificate in Accounting

Faculty of Education (FE)

- ELED – Elementary Education (Generalist) (Online)
- BSED – Secondary Education (Online) with concentration in:
  - B-SEDE – English Education
  - B-SEDM – Math Education
  - B-SEDP – Physics Education
  - B-SEDB – Business Education
  - B-SEDC – Computer Science Education
  - B-SEDZ – Belizean Studies Education

Certificate

- C-EDL – Certificate in Secondary Education Leadership

Diplomas in Secondary Education

- D-PED – Diploma in Pedagogy
- D-ENG – Diploma in English Education
- D-MATH – Diploma in Math Education
- D-PHYS – Diploma in Physics Education
- D-BUS – Diploma in Business Education
- D-CSCI – Diploma in Computer Science Education
- D-BZN – Diploma in Belizean Studies Education

Other

- AUDIT – Auditing Student
  (For applicants whose intent is to observe courses for personal enrichment and not for a grade.)
- CONT – Anthropology
  (For applicants who have a first degree and are not interested in another but only want to take a few courses for personal enrichment.)
- VIST – Visiting Students
  (For applicants who are enrolled full-time at another university and want to take a course or a semester at Galen.)
- TRANS – Transient Student
  (For applicants who wish to enroll in courses for personal development without pursuing a degree, allowing them to earn grades and credits based on their intent.)
- UNDC – Undeclared Major

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DEMOGRAPHIC INFORMATION

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

Last: **First:**

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

Previous last name(s) if applicable:

Social Security Number: ☐☐☐☐☐☐☐☐☐ **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:

District: **City/Town/Village:**

(If different from above, please give your current mailing address for all admission correspondence.)

Current Mailing Address

Street Address:

District: **City/Town/Village:**

Permanent Email:

Cell #: **Home#:**

Do you have any learning disabilities? If yes, kindly share:

Do you identify as Indigenous? ☐ Yes ☐ No

Are you currently employed? ☐ Full-Time ☐ Part-time ☐ Unemployed

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 to you:**

Emergency Contact Email: **Emergency Contact Cell #:**

RECRUITMENT INFORMATION

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

Sources

- ☐ Expo/Pop up booth
- ☐ Friends/Family
- ☐ Galen University student
- ☐ Alumni
- ☐ Website
- ☐ Education/College Fair
- ☐ The Galen Hour
- ☐ Social Media (Facebook/Instagram)
- ☐ Radio Ad
- ☐ TV Ad
- ☐ Billboard
- ☐ Eagle Day

Reasons

- ☐ Academic Quality
- ☐ University Reputation
- ☐ Qualifications to be attained
- ☐ Career Earning Potential
- ☐ Accessible Financial Options
- ☐ Student Centered Support
- ☐ Convenience of Online Learning Modality
- ☐ Other:

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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 application.)

I, _____ ,certify that the information in this application and its supporting documents are current, complete and accurate to the best of my knowledge. I understand that withholding information requested in the application or giving false information can make me ineligible for admission to Galen University.

Applicant's Signature _____ Date _____

PAYMENT INFORMATION

I am paying my application fee of $60.00 by means of: (check one)

☐ Bank deposit: (proof of deposit must be included in application package)
Payments can be made to the following Atlantic Bank account:

- Account Name: Galen University Limited
- Account #: 100 166 491

☐ Credit card: (please check an option below and fill in the section here under)

☐ MasterCard ☐ Visa

Name on the card: Card #:

Expiration Date: CVV:

Signature of the card holder: _____ Date: _____

TO BE COMPLETED BY THE ADMISSIONS OFFICE
(For internal use)

Date Application Received: Received by:

Application Status: ☐ Complete ☐ Incomplete

Admission Decision:

☐ Unconditional Acceptance ☐ Conditional Acceptance ☐ Acceptance on Probation ☐ Denied

Student ID#:

Please ensure that all supporting documents are included and all sections of this application are completed before making your submission. Submit your completed application package to admissions@galen.edu.bz or one of our offices.

Thank you for applying to Galen University!