



GALEN UNIVERSITY

Graduate 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 the following requirements are usually considered for admission. Candidates who fall **just short** of these requirements may appeal to the Admissions Board via admissions@galen.edu.bz for consideration.

- ☐ A willingness to work hard, expand academic skills, strengthen character, respect others, keep abreast of social issues, analyze social problems, work in interdisciplinary groups and apply knowledge and skills acquired to solve social problems
- ☐ A commitment to high standards of personal ethics in all human interaction at Galen University
- ☐ A Cumulative GPA of at least 3.00 on a 0.00 – 4.00 Grade Point Scale from your feeder institution
- ☐ The production and submission of an original essay of 500 words that responds to the following instruction.
 - Describe with specific examples how you plan to meet the demands of a graduate program of study. Your response should demonstrate your understanding of the **purpose** and **academic rigor** of graduate level studies and your personal plan to excel in Galen's graduate program.

*Sign your essay to confirm that it is your work and it is a true reflection of your thoughts and writing skills.
Any evidenced conclusion that your submission is not your own work will be grounds for denial of admission into Galen.*

APPLICATION PACKAGE

Submit an application package including the documents listed below.

- ☐ Completed application form
- ☐ Original essay requested above
- ☐ \$60.00 Application Fee (non-refundable)
- ☐ One (1) official University transcript
- ☐ One (1) copy of Bachelor degree
- ☐ Two (2) character references that speak from experience that you are currently prepared to undertake the academic rigor and responsibility needed to excel in a Graduate program
- ☐ One (1) curriculum vitae
- ☐ One (1) copy of Social Security Card or Passport
- ☐ Two (2) recent photographs (passport-size)

Application Information

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

Sources

High School Counselor / Teacher
Friends
Galen University Student or Graduate
Internet / Website
Education Fair
Advertisement:
Other:

Reasons

Reputation
Possibilities to transfer to U.S.A/U.K
Qualifications to be attained
Reasonable tuition and fees
Safety/Security
Other:

DETAILS OF APPLICATION

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

Academic Program Code: (See Academic Program codes on rear of form)

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

If yes, when did you last apply and/or enroll?

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

DEMOGRAPHIC INFORMATION

Legal Name

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

Last	First	Middle	Suffix (Jr., Sr. (if applicable))
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Previous last name(s) if applicable: _____

Social Security Number

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Birthdate

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Gender (Check one):

☐ Male

☐ Female

Nationality: _____

Country of Origin: _____

Permanent Address:

Street Address	City/Town/Village	District
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(If different from above, please give your current mailing address for all admission correspondence.)

Current Mailing Address:

Street Address	City/Town/Village	District
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Permanent Email: _____ Cell #: _____ Home #: _____

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

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

Tertiary School completed: _____

Degree(s) earned: _____ Cumulative GPA: _____

Major/Concentration: _____ Year(s) Graduated: _____

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 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.

Applicant's Signature

Date

PAYMENT INFORMATION

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

☐ Deposit at bank (proof of deposit must be included in application package)
Payments can be made into one of the following **Atlantic Bank** accounts:

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

☐ Credit Card: (please check an option below and fill in the section hereunder)

☐ MasterCard ☐ Visa

Name on the card: _____

Card Number: _____/_____/_____/_____

Expiration Date: _____/_____

Signature of the card holder: _____ Date: _____

Thank you for applying to join the Galen Community!

Please ensure that all supporting documentation is included and all sections of this application are complete before making your submission. Kindly submit your completed application package to:

Galen University Office of Admissions

GALEN UNIVERSITY

64 George Price Highway

Central Farm, Cayo District, Belize, Central America

You may also drop off your application package to any of Galen's Centers across the country.

The locations of the Centers are provided on the rear of this form.

For assistance with completing your application contact us at **admissions@galen.edu.bz**

OFFICIAL USE ONLY

Date Application received: _____ Received by: _____

Application Status: ☐ Complete ☐ Incomplete

Missing requirements: _____

Date Entered in Financial Records: _____ Entered by: _____

Receipt #: _____

Admission Decision: ☐ Unconditional Acceptance ☐ Conditional Acceptance

☐ Acceptance on Probation ☐ Denied

Dean's Signature: _____ Date of Decision: _____

Student ID #: _____ Student Email Address: _____

Notes: _____

GRADUATE ACADEMIC PROGRAM CODES

- **AUDT** – Auditing student (For applicants who are not interested in taking exams or getting grades. The intention is to observe courses for personal enrichment.)
 - **CONT** – Continuing student (For applicants with a degree and are not interested in another but only want to take a few courses for personal enrichment.)
 - **MBA** – Master of Science in Business Administration
 - **MDS** – Master of Science in Development Studies
 - **MECON** – Master of Science in Economics
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GALEN UNIVERSITY CENTERS ACROSS THE COUNTRY

Belize District:

- 2090 Chancellor Avenue, Belize City, Belize Institute of Management

Cayo District:

- Mile 64 George Price Highway, Central Farm Village

www.galen.edu.bz



“Promoting academic excellence, sustainable development and lifelong learning.”