

RE-ENTRY APPLICATION FORM

A re-entry student is any student who previously attended Galen University and has been out of school for more than three consecutive semesters.

ADMISSION REQUIREMENTS

Re-entry applicants must meet all of the following requirements to be considered for re-entry:

- Financial Clearance: Student must be in good financial standing
- Academic Clearance: Student must be in good academic standing

Please submit the following documents with your application:

- Completed re-entry form
- Copy of a Valid Social Security Card

ACADEMIC INFORMATION

DETAILS OF APPLICATION

| Have you attended any other college / university since last attending Galen University? | |
|--|--------|
| If yes, please specify and submit your official transcript from that institution along with this application | ation. |

| TertiarySchool: | |
|--|------------------------|
| Year Attended/Graduated: | Degree pursued/earned: |
| Major: | |
| How to Submit Official Transcript (if applicable) | |
| Emailed to admissions@galen.edu.bz by feeder institu | ıtion |

| <u> </u> | | | | |
|---|----------|---------------------------------|----------------------------|-------------------|
| | eptember | January | Year Part-Time (9 credi | ite or 2 classos |
| Are you continuing as a full-time or part-time st | :udent? | Full-Time | Part-Time (7 credi | its or 3 classes) |
| Please choose where/how you will be studying: | Fully Or | nline Cent | ral Farm Campus | Hybrid |
| Academic Program Code: (See page 3) | | entration: applicable if pro | ogram is BSED) | |
| Are you continuing in the same program? | YES | NO | | |
| Are you continuing in new program? | YES | NO | | |
| When did you last apply or enroll? | | | | |
| Year Applied: | | | | |
| Last Semester/Year enrolled: | | | | |
| Student ID #: | | | | |



| DEM | OGRAPHIC IN | FORMATION | | |
|--|---------------------|--|--|--|
| Legal Name (Please enter your name as it appears on your social security and/or other official documents.) | | | | |
| Last: | F | irst: | | |
| Middle: | S | uffix: (Jr., Sr., if applicable) | | |
| Previous last name(s) if applicable: | | | | |
| Social Security Number: |] E | Birthdate: D D M M Y Y | | |
| How do you Identify? Male Female | ☐ Non-binary | ☐ Prefer not to say | | |
| Nationality: | Country of Or | igin: | | |
| Permanent Address | | | | |
| Street Address: | | | | |
| District: | City/Town/Vill | age: | | |
| (If different from above, please give your current mailing | address for all adm | ission correspondence.) | | |
| Current Mailing Address | | | | |
| Street Address: | | | | |
| District: | City/Town/Vill | lage: | | |
| Permanent Email: | | | | |
| Cell #: | Home#: | | | |
| Do you have any learning disabilities? If yes, kind | dly share: | | | |
| Do you identify as Indigenous? ☐ Yes ☐ N | lo | | | |
| Are you currently employed? | Part-time | Unemployed | | |
| Do you have any medical conditions that may cre diseases, etc.)? If yes, kindly share: | ate an emergenc | y on campus or on a University trip (e.g. allergies, | | |
| Emergency Contact Name: | R | elation to you: | | |
| Emergency Contact Email: | Er | mergency Contact Cell #: | | |
| RECE | RUITMENT INF | ORMATION | | |
| Please indicate the source(s) a | and reason(s) tha | t led you to re-apply to Galen University. | | |
| Sources | | Reasons | | |
| Expo/Pop up booth | | Academic Quality | | |
| Friends/Family | | University Reputation | | |
| Galen University student | | Qualifications to be attained | | |
| Alumni | | Career Earning Potential | | |
| Website | | Accessible Financial Options | | |

Student Centered Support

Other:

Convenience of Online Learning Modality

Education/College Fair

The Galen Hour

Social Media (Facebook/Instagram)

Radio Ad TV Ad Billboard

Eagle Day



CERTIFICATION

| (Please print your name, sign and date in the spe | aces below to confirm the submission of your re-entry application.) |
|---|---|
| documents are current, complete and accurate | that the information in this application and its supporting e to the best of my knowledge. I understand that withholding ving false information can make me ineligible for admission to |
| Applicant's Signature | Date |

UNDERGRADUATE ACADEMIC PROGRAM CODES

| Faculty of Arts, Science & Technology (FAST) | Faculty of Business & Entrepreneurship (FBE) | Faculty of Education (FE) |
|--|--|--|
| CRJT – Criminal Justice (Online) ANTH – Anthropology ESCI – Environmental Science CSCI – Computer Science CYS – Cyber Security Associates VTAH – Veterinary Technician CSA – Computer Science | 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 | 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 |

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.