GALEN UNIVERSITY

Master's In Education Leadership
Application Form

ACADEMIC PROGRAM CODE

- **MEDL** – Master's in Education Leadership

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

- 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

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.

- **Statement of Purpose: A statement of purpose (SOP) of 2-3 pages explaining the applicant's interest in educational leadership, their professional goals, and how the master's program will help them achieve these goals.**
- **More specifically, the SOP should address the following points:**
  - Personal Qualities and Skills: Describe personal qualities, skills, and experiences that make you a suitable candidate for the program.
  - Initial Interest: Discuss what initially drew you to the field of educational leadership.
  - Career Goals: Clearly outline professional goals immediately following program completion. Explain how these goals are a stepping stone to your long-term aspirations.
  - Learning Goals: Explain what you hope to learn and achieve through the program.
  - OPTIONAL: Please address any special academic or other considerations that you would like admissions to consider in the review of your application. (1-2 paragraphs)
    - *Sign your statement of purpose 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.*

PLEASE NOTE:

Applicants who currently teach or intend to teach at the elementary or secondary school level must hold an active teaching license appropriate to the level at which they teach or intend to teach.

ADMISSION REQUIREMENTS

Applicants must submit the following:

- A completed application form and the non-refundable application fee of $60.
- A Cumulative GPA of at least 3.00 on a 0.00 – 4.00 Grade Point Scale from your feeder institution.
- Teaching or Educational Experience: teaching or relevant professional experience in educational settings is required. This ensures that applicants have a practical understanding of educational environments.
- CV (including education history, relevant and length of work experience, volunteer experience, publications in scientific journals, and proficiency in a second language or a combination of these).
- Official transcript(s) of the applicant's bachelor's degree program grades. The transcript(s) must be sent directly to Galen University from the applicant's university that issued the bachelor's degree. If not in English, it must be translated by a certified translator.
- A certified (signed by a Notary Public or Justice of the Peace or District Education Officer) copy of B.Sc./B.A./B.Ed. diploma.
- A scanned copy of a valid Social Security card
- Recommendations. Two letters of recommendation from:
    - ❖ an immediate supervisor (such as Principal, Board Chair, District Education Officer) and,
    - ❖ another member of the school community such as a PTA President, Board member, or senior teacher.

APPLICATION PACKAGE CHECKLIST

Submit an application package including the documents listed below.

☐ Completed application form
☐ Original statement of purpose as requested above (signed)
☐ $60.00 Application Fee (non-refundable)
☐ One (1) official University transcript
☐ One (1) copy of Bachelor degree (justice of the peace authorized/notarized)
☐ Two (2) letters of recommendation: (i) supervisor (ii) member of the school community.;'
☐ One (1) curriculum vitae
☐ One (1) copy of Social Security Card
☐ 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

☐ School Counselor / Teacher
☐ 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): ☐ January (Spring) ☐ September (Fall) Year:

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

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 social security card.)*

_____

Last First Middle Suffix (Jr., Sr. (if applicable)

Previous last name(s) if applicable: _____

Social Security Number ☐☐☐☐☐☐☐☐☐

Birthdate ☐☐ ☐☐ ☐☐

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Gender (Check one):

☐ Male

☐ Female

Nationality: _____ Country of Origin: _____

Permanent Address:

_____

Street Address City/Town/Village District

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

Current Mailing Address:

_____

Street Address City/Town/Village District

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: _____

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

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: _____
_____

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

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"Promoting academic excellence, sustainable development and lifelong learning."