



# St. George's University

Grenada, West Indies

## AFFILIATED SCHOOL PATHWAY SUPPLEMENTAL APPLICATION PROVISIONAL ACCEPTANCE

Affiliated School: \_\_\_\_\_

Entering Term:

August Term 20 \_\_\_\_\_

January Term 20 \_\_\_\_\_

April Term 20 \_\_\_\_\_

### I. Personal Data

\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

- ☐ Male  
☐ Female  
☐ Another, not listed  
☐ Nonbinary  
☐ Other

### II. Background Information

1. Have you ever been placed on academic or disciplinary probation, suspended or dismissed from an academic institution?

☐ Yes ☐ No

If yes, please explain why, conditions of the probation, suspension or dismissal, and indicate which institution:

\_\_\_\_\_

2. Have you ever been convicted of, or pleaded guilty or no contest to, a crime, excluding (1) any offense for which you were adjudicated as a juvenile or (2) convictions that have been expunged or sealed by a court (in states where applicable).

☐ Yes ☐ No

If yes, please explain:

\_\_\_\_\_

Name: \_\_\_\_\_

**Applicants who currently hold, or have ever held, a professional license must answer “Yes” or “No” to the following two questions. All others, please check “Not Applicable.” Examples of licensed occupations include, but are not limited to: doctor, veterinarian, nurse, chiropractor, physician assistant, veterinary technician, EMT, lawyer, counselor, social worker, teacher, electrician, insurance agent, real estate agent/broker, etc.**

3. Have you ever had privileges or a license (professional or otherwise) denied, suspended, and/or revoked?  
☐ Yes   ☐ No   ☐ Not Applicable

If yes, please explain:

4. Have you ever been subject to a disciplinary inquiry by or before a licensing board and/or a certification agency?  
☐ Yes   ☐ No   ☐ Not Applicable

If yes, please explain:

### III. Essay

**Personal Statement:** Discuss why you are interested in pursuing a career in medicine or veterinary medicine and what has attracted you to apply to the BS/MD pathway program. (Maximum 500 words.)

Name: \_\_\_\_\_

## IV. Attestation

**Note: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS ALL APPLICABLE SECTIONS ARE COMPLETE.**

By submitting this form, you agree to be contacted by phone, email, or text about your education at St. George's University.

Before submitting this application, you affirm the following with your initials:

\_\_\_\_\_ I understand that once my application has been submitted it may NOT be altered in any way.

\_\_\_\_\_ I certify that all of the information submitted in the Common Application and SGU Supplemental Application constitutes an application to SGU's MD program and is my own work, factually true, entirely complete, is without omissions or misrepresentations, is up to date, accurate and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible actions, including reconsideration of my application, nullification/revocation of my acceptance/offer of admission, admission revocation or expulsion, should the information I certified be false, untrue, incomplete, inaccurate and/or if additional information is raised that could affect the decision of the Faculty Student Selection Committee to make an offer of admission.

\_\_\_\_\_ I understand that an offer of admission is conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based and new information does not come to light after the time of the offer that could change the decision of the Faculty Student Selection Committee to make an offer of admission.

\_\_\_\_\_ A student's acceptance into the School of Medicine/School of Veterinary Medicine is granted upon the presumption by the Faculty Student Selection Committee that: (1) all courses currently being taken by the applicant will be completed in a satisfactory manner prior to matriculation; (2) all statements made by the applicant and all information provided by the applicant, and/or on the applicant's behalf during the admission process until such time as matriculation—whether oral, written, or in submission of academic documentation—are true, accurate, complete and entirely correct and without any omissions or misrepresentations. If it is subsequently discovered that false or inaccurate, and/or incomplete information was submitted and/or any other information comes to the attention of the University which raises a concern regarding a student's appropriateness for acceptance to the School of Medicine/School of Veterinary Medicine, the acceptance offer may be nullified and the University may revoke/rescind a candidate's or student's acceptance. In such case a student who has registered/matriculated, will be deemed dismissed as a result. If a degree has been conferred, the degree may be rescinded.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_