



Galen University

• Mile 62.5 George Price Highway • P.O. Box 94 • Cayo District • Belize, C.A. • +501-824-3226

Certificate In Educational Leadership (Secondary)

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 Cumulative GPA of at least 2.50 on a 0.00 – 4.00 Grade Point Scale from your feeder institution

Admission requirements include the following:

1. A completed application form and the non-refundable application fee of \$60.
2. 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.
3. Two passport sized photographs
4. Two letters of recommendation from (i) an immediate supervisor (such as Principal, Board Chair, District Education Officer) and (ii) another member of the school community such as a PTA President, Board member, or senior teacher.
5. Copy of teachers license to teach at Secondary Level
6. One (1) official University transcript
7. One (1) copy of Social Security Card

DETAILS OF APPLICATION

Semester of intended entry (Check one): August January 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 passport and/or other official documents.)

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

Previous last name(s) if applicable: _____

Social Security Number

--	--	--	--	--	--	--	--	--	--

Birthdate

MO		DA		YR	

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: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Email: _____ Emergency Contact Cell #: _____

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 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 #: **100 166 491** OR **100 203 076**

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

MasterCard Visa

Name on the card: _____

Card Number: _____/_____/_____/_____

Expiry 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
P.O. Box 94
San Ignacio, 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: _____

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 USA/UK
Qualifications to be attained
Reasonable tuition and fees
Safety/Security
Other:

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:

ADMISSIONS@GALEN.EDU.BZ