

CAREER DEVELOPMENT PROGRAMS 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.

APPLICATION PACKAGE CHECKLIST

Application Package should include:							
	☐ Comp	pleted applicati	on form				
	☐ One c	copy of social s	ecurity card				
PROGRAM CODES							
GILL – Galen Institute	e for Leadership and	d Lifelong L	earning				
GIHT – The Galen Ins	titute for Hospitali	ity and Tour	ism				
MMD – Migration Management Diploma							
DETAILS OF APPLICATION							
			□••		v		
Semester within which the pro	ogram is taken (Check o	one) L Fall	Spring	Summer	Year:		
Program Code: (See Program codes above)							
Name of the program being taken:							
ACADEMIC INFORMATION							
Secondary School completed	:						
Year Graduated:							
Tertiary School (if completed	I) Name:						
Associate	Bachelors	□ Pos	st Graduate				
_	bacileiois		, Cidadate				
Year Graduated:							



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:	Birthdate: DD M M Y Y				
Social Security Number:					
How do you Identify? Male Female Non-bina	ry Prefer not to say				
Permanent Address					
Street Address:	City/Town/Village:				
District:					
Permanent Email:					
Cell #:					
Current Place of Employment	Work#:				
Organization/Ministry:	Department:				
Do you have any learning disabilities? If yes, kindly share:					
Emergency Contact Name:	Relation:				
Emergency Contact Email:	Emergency Contact Cell #:				
TO BE COMPLETED BY THE ADMISSIONS OFFICE (For internal use only)					
(For Internal use only)					
Date Application Received:	Received by:				
Application Status:					

Thank you for applying to join the Galen Community!

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