



# POST-GRADUATE DIPLOMA IN DISASTER RISK MANAGEMENT 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:

- Completed Application Form
- One copy of Social Security Card
- One copy of Bachelors Degree
- One Official University Transcript
- 2 Recent Passport sized photographs
- Statement of Purpose

## ADMISSIONS 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](mailto:admissions@galen.edu.bz) for consideration.

- A Cumulative GPA of at least 3.00 on a 0.00 – 4.00 Grade Point Scale from your feeder institution
- The production and submission of a **well-developed Statement of Purpose** of 500 words that responds to the following instruction.
  - How do you plan to utilize the knowledge and skills gained from this program to make a meaningful impact in Disaster Risk Management? What specific issues or initiatives do you hope to address in your future career?

## DETAILS OF APPLICATION

Semester within which the program is taken (Check one)  Fall  Spring  Summer Year:

## ACADEMIC INFORMATION

Secondary School completed:

Year Graduated:

Tertiary School (if completed) Name:

Associate

Bachelors

Post Graduate

Year Graduated:



**GALEN  
UNIVERSITY**

## 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 MM YY

**Social Security Number:**

**How do you identify?**  **Male**  **Female**  **Non-binary**  **Prefer not to say**

**Permanent Address**

**Street Address:**

**City/Town/Village:**

**District:**

**Permanent Email:**

**Cell #:**

**Work#:**

**Current Place of Employment**

**Organization/Ministry:**

**Department:**

**Do you have any medical conditions that may create an emergency? (e.g. allergies, diseases, etc.)? 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)

**Date Application Received:**

**Received by:**

**Application Status:**  **Complete**  **Incomplete**

**Student ID#:**

**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:

**ADMISSIONS@GALEN.EDU.BZ**