

UNDERGRADUATE 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.

ADMISSION REQUIREMENTS

Only applicants who meet all of the following requirements are considered for admission:

- A cumulative GPA of at least 2.50 on a 0.00 4.00 Grade Point Scale
- An official transcript from your feeder institution
- A completed application form
- Three (3) references

Candidates who fall short of these requirements may appeal to the admissions office via admissions@galen.edu.bz for consideration.

REFERENCES *The contact information for three (3) references must be provided*				
 Principal/Vice Principal Name: Position: Contact: 	Teacher Name: Position: Contact: APPLICATION PACKAGE CHECKLIST	 Community Leader Name: Position: Contact: 		
High School Graduates	Junior College Graduates & University Transfer Students	Diploma Programs		
 Completed application form Proof of payment of \$60.00 (Application fee not refundable) One copy of social security card Two recent passport-sized photographs One (1) official high school transcript One (1) copy of high school diploma (can be submitted after application package) One (1) copy of any of the following test scores (if available) - ATLIB, CXC, ACT, SAT 	 Completed application form Proof of payment of \$60.00 (Application fee not refundable) One copy of social security card Two recent passport-sized photographs One (1) official junior college/university transcript One (1) copy of high school diploma and junior college diploma (as applicable) 	 Completed application form Proof of payment of \$60.00 (Application fee not refundable) One copy of social security card Two recent passport-sized photographs One (1) official university transcript One (1) copy of bachelor's degree 		

How to Submit Official Transcript

1. Emailed to admissions@galen.edu.bz by feeder institution

or

- 2. Submitted in a sealed envelope at either of the locations:
 - Main Campus 64 Miles George Price Highway, Central Farm Cayo
- Belize City Office
 2090 Chancellor Avenue 2nd Floor,
 -BIM Building
- Northern Campus
 Centro Escolar Mexico Junior
 College to the attention of
 Hugo Gonzalez or Seleni Roches



- AUDIT Auditing Student (For applicants whose intent is to observe courses for personal enrichment and not for a grade)
 CONT – Continuing Student
- (For applicants who have a first degree and are not interested in another but only want to take a few courses for personal enrichment.)
- VIST Visiting Students (For applicants who are enrolled full-time at another university and want to take a course or a semester at Galen.)
- TRANS Transient Student (For applicants who wish to enroll in courses for personal development without pursuing a degree, allowing them to earn grades and credits based on their intent.)
- UNDC Undeclared Major



DEMOGRAPHIC INFORMATION

Legal Name (Please enter your name as it appears on your social see	urity and/or other official documents.)		
Last:	First:		
Middle:	Suffix: (Jr., Sr., if applicable)		
Previous last name(s) if applicable:			
Social Security Number:	Birthdate: D D M M Y Y		
How do you Identify? Male Female Non-b	inary 🔲 Prefer not to say		
Nationality: Country	of Origin:		
Permanent Address			
Street Address:			
District: City/Tow	City/Town/Village:		
(If different from above, please give your current mailing address for a	l admission correspondence.)		
Current Mailing Address			
Street Address:			
District: City/Tow	ct: City/Town/Village:		
Permanent Email:			
Cell #: Home#:			
Do you have any learning disabilities? If yes, kindly share:			
Doyou identify as Indigenous? 🛛 Yes 🔄 No			
Are you currently employed? Full-Time Part-time	Unemployed		
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 to you:		
Emergency Contact Email:	Emergency Contact Cell #:		
RECRUITMENT	INFORMATION		
Please indicate the source(s) and reason(s	s) that led you to apply to Galen University.		
Sources	Reasons		
Expo/Pop up booth	Academic Quality		
Friends/Family	University Reputation		
Galen University student	Qualifications to be attained		
Alumni	Career Earning Potential		
Website	Accessible Financial Options		
Education/College Fair	Student Centered Support		
The Galen Hour	Convenience of Online Learning Modality		
Social Media (Facebook/Instagram)	Other:		
Radio Ad	Other:		
-	Other:		
Radio Ad	Other:		

ALWAYS EXCEL	GALEN
CALINE	university
WIHNEY MANAGE	

ACADEMIC INFORMATION

Secondary School completed:
Year Graduated:
Tertiary School completed: (if applicable)
Year Graduated:
Maior:

Cumulative GPA:

Degree earned: 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 its supporting documents are current, complete and accurate to the best of my knowledge. I understand that withholding information requested in the application or giving false information can make me ineligible for admission to Galen University.

Applicant's Signature _____

Date _

PAYMENT INFORMAT	ION			
l am paying my application fee of \$60.00 by means of: (check one)				
Bank deposit: (proof of deposit must be included in application package) Payments can be made to the following Atlantic Bank account: - Account Name: Galen University Limited - Account #: 100 166 491				
Credit card: (please check an option below and fill in the section here under)				
MasterCard Visa				
Name on the card:	Card #:			
Expiration Date:	CVV:			
Signature of the card holder:	Date:			
TO BE COMPLETED BY THE ADMISSIONS OFFICE (For internal use)				
Date Application Received: Received by:				
Application Status: 🗌 Complete 🛛 Incomplete				
Admission Decision: Unconditional Acceptance Conditional Acceptance Student ID#:	Acceptance on Probation			

Please ensure that all supporting documents are included and all sections of this application are completed before making your submission. Submit your completed application package to admissions@galen.edu.bz or one of our offices.

Thank you for applying to Galen University!