International Application Form

* Complete this form if you are an international student applying for an undergraduate or postgraduate course at Georgian American University.
* This form is used for submittal of the application for enrollment at GAU. The completed form should be sent to the GAU Board for check of compliance with the enrollment criteria.

Section A: General Information

We will contact you by email, post or telephone. To avoid delays in your application, it is important you complete ALL of your details including your email address. Your name and date of birth should match those in your passport.

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| Family name: | |  |  |  |  |  |  |  |  |  |  |  | Date of birth: | | | D |  | D | / | M |  | M | | / | Y | Y | Y | | Y | |  |
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| Given names: | |  |  |  |  |  |  |  |  |  |  |  |  | Male |  | | Female | | |  | |  | X | | | | | | | | |
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| Permanent address in home country (required) must include postcode: | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Telephone: | |  |  |  |  |  |  |  |  | Mobile: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Fax: |  | |  |  | | |  | Email (Mandatory): | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Address for correspondence (only if different from your permanent address in your home country): | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Fax: |  | |  |  | | |  | Email (Mandatory): | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Section B: Information about Desired Program

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| Name of the program/ qualification (major): | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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Information below is optional: Information below is optional: Information below is optional:

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|  |  |  |  |  |  |  |
| Subfield of specialization: |  | Estimated minor/  sub-concentration: | |  | | |
|  | |
| Special competences: |  | Other: | |  | | |
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Section C: Information about Prior Education

General (Secondary) Education

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|  |  |  |  |  |  |  |
| Name of the institution: |  | Qualification: | |  | | |
|  |  | |  | | |
| Address of the main campus of the Institution: |  |  | |  | | |
|  | |
| Starting date: |  | Home country entitlement to pursue higher education (yes/no): | |  | | |
|  |  | |  | | |

Higher education (to be completed in case of enrollment requested for masters or PhD programs, or if the applicant has conducted at least part of Bachelor program at his/her home institution)

In case of several qualifications, please add additional table(s)as many as needed:

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| --- | --- | --- | --- |
| Name of the institution: |  | Received qualification: |  |
| Duration in years: |  | (ECTS) Credits earned: |  |
| Starting date: |  | Date of accomplishment: |  |
| Address of the main campus of the Institution: |  | | |
| Diploma/certificate number: |  | Home country entitlement to pursue respective level of higher education (yes/no): |  |

Section D: Disabilities/Special Needs

The University encourages you to disclose any disability/medical condition which could disadvantage your ability to study. All offers are made on academic grounds only and the information you submit will be used to help Georgian American University provide appropriate support. Please tick all that apply.

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| --- | --- | --- | --- | --- | --- |
| No Disability |  |  | Learning Difficulty |  |  |
| Blind/Serious Visual Impairment |  |  | Deaf/Serious Hearing Impairment |  |  |
| Wheelchair User/Mobility Issues |  |  | Personal Care Support |  |  |
| Mental Health Condition |  |  | Unseen Disability: e.g. Diabetes |  |  |
| Autistic Spectrum/Asperger’s |  |  | Other disability not listed here |  |  |

Please detail other disability or additional support needs:

Section E: Information about Language Proficiency

|  |  |  |  |
| --- | --- | --- | --- |
| English: (A-highest, B,C,D, E-basic) |  | Refreshment course needed (yes/no): |  |
| Duration of study (years): |  | Certificate/confirmation available (yes/no): |  |

Section F: Motivation Essay **(not more than 500 words)**

|  |
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## Section G: Fee Payment

Please provide details of how you intend to pay your tuition fees. Applicants may be asked to supply details of their financial position and their provision for the payment of fees.

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| --- | --- | --- |
| Who will pay | Self-Funded: | Yes |
| your tuition |  |  |
| fees? | Employer (please specify): | |

Other (please specify):

## Section H: Bank Account Information (for refund – if required) – IBAN with Intermediary (please include SWIFT)

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Section I:Comments or Further Information (optional)

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Section J:Name of Intermediary institution(s)/Agent(s) supporting your application:

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| --- | --- | --- | --- |
| Name: |  | | |
| Phone: |  | E-mail: |  |

## Section K: Information about preferred Medical Licensing examination (only for MD students)

Please indicate if you want to take any of the following Medical Licensing exams after completing the study course (optional):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| USMLE (USA)  PLAB (UK)  FMGE (INDIA) |  | SMC (USA)    AMC (Australia)    Other: |  | |  |
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## Section L: Declaration of Criminal Record

In an effort to help the University reduce the risk of harm or injury to their staff and students caused by the criminal behavior of other students we must know about any relevant criminal convictions an applicant has on record.

|  |  |  |
| --- | --- | --- |
| Have you been through the Criminal Records Bureau Enhanced Disclosure process in relation | |  |
| to your current employment?  **Yes No** | |  |
| If Yes, please state the date and reference number: |  |
| Do you have a relevant unserved criminal conviction? | |

**Yes No**

## Section M: Declaration

Any statements on this form which prove to be untrue or purposely misleading will render the application void. Furthermore if inaccuracies are highlighted at a later stage we retain the right to retract any offer made or expel the student with no refund of fees.

I accept and grant permission for my employer/sponsor to be informed of any relevant information relating to the progression of my program, including any record of attendance.

I confirm that the information given on this form is true, complete and accurate. No information requested or other material has been omitted. I consent to the storage and processing of this data by Georgian American University.

*Signature:* *Date:*