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US Office: 1009 University Blvd. No. 202
Silver Spring MD 20903
18555-GMUMED / Fax: 1-410-648-2000
ADMISSIONS@GREENHEARTUNIVERSITY.COM

Application for Admission

PLEASE CHECK ONE

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 5 Year MD Degree Program (Pre – Medical + MD) | <input type="checkbox"/> 4 Year MD Degree Program |
| <input type="checkbox"/> Bachelor in Nursing (BSN) | <input type="checkbox"/> Bachelor in Pharmacy (BPharm) |
| <input type="checkbox"/> Transfer Applicant | |

I - PERSONAL DATA

Full Name and Personal Information:

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Title</i>
_____	_____	_____	_____
<i>Home Phone No. (Country/Area/City Code)</i>	<i>Cell No.</i>	<i>E-mail</i>	
_____	_____	_____	
<i>Marital Status</i>	<i>SSN/National ID Number</i>	<i>Passport Number</i>	
_____	_____	_____	
<i>Country of Birth</i>	<i>City of Birth</i>	<i>Citizen of</i>	<i>Resident of</i>

Current Mailing Address:

_____	_____	_____
<i>Street</i>	<i>City or Town</i>	<i>State/Province</i>
_____	_____	_____
<i>Zip Code/Postal Code</i>	<i>Country</i>	

Permanent Mailing Address:

_____	_____	_____	_____
<i>Street No.</i>	<i>Street Name</i>	<i>Apt. No. (If applied)</i>	<i>City or Town</i>
_____	_____	_____	_____
<i>State/Province</i>	<i>Zip Code/Postal Code</i>	<i>Country</i>	

II - FAMILY AND EMERGENCY CONTACT

Emergency Contact

_____	_____	_____
<i>Full Name</i>	<i>Tel / Cell No.</i>	<i>Email</i>

Optional

_____	_____	_____	_____
<i>Spouse's Full Name</i>	<i>Occupation</i>	<i>Phone / Cell Number</i>	<i>Email</i>
_____	_____	_____	_____
<i>Father's Full Name</i>	<i>Occupation</i>	<i>Phone / Cell Number</i>	<i>Email</i>
_____	_____	_____	_____
<i>Mother's Full Name</i>	<i>Occupation</i>	<i>Phone / Cell Number</i>	<i>Email</i>

III - PERSONAL HISTORY

1. List Employment for the last three years (optional):

Date: From _____ To _____ Company Name: _____

Date: From _____ To _____ Company Name: _____

Date: From _____ To _____ Company Name: _____

2. List Volunteer Work for the last three years:

Date: From _____ To _____ Company Name: _____

Date: From _____ To _____ Company Name: _____

Date: From _____ To _____ Company Name: _____

3. List all Extracurricular Activities:

4. Have you personally faced any hardships, up to today, that have interfered with your educational goals?

Yes No if yes, please explain on a separate sheet of paper.

5. Are you currently undergoing any health related treatment, long term prescription plan or suffer from learning disability?

Yes No if yes, please explain on a separate sheet of paper.

6. Have you ever been under the care of a health care provider for any physical, mental, emotional and/or learning disability?

Yes No if yes, please explain on a separate sheet of paper.

7. Have you ever been convicted of a crime?

Yes No if yes, please explain on a separate sheet of paper.

8. Have you ever had your privileges or license (professional or otherwise) denied, suspended, or revoked?

Yes No if yes, please explain on a separate sheet of paper.

9. Have you ever been dismissed from an academic institution?

Yes No if yes, please explain on a separate sheet of paper.

10. Have you ever attended a nursing or medical school in past?

Yes No if yes, please explain on a separate sheet of paper.

11. Do you presently fulfill the requirements for admission into Greenheart Medical University?

Yes No If not, what requirements do you need to fulfill? Please explain on a separate sheet of paper.

12. Have you ever applied to Greenheart Medical University in the past?

Yes No if yes, please explain when and how you have improved your application on a separate sheet of paper

13. What is your native language? _____ Was your education in English? Yes No

15. How do you anticipate funding your education? _____.

IV - ACADEMIC HISTORY

High School (Secondary School) Attended:

School's Name: _____ Year of Graduation: _____

Standardized Tests Completed:

Test	Date of Last Attempt	Number of Attempts	Highest Score
SAT			
ACT			
MCAT			
TOEFL			
IELTS			

Undergraduate Studies (Colleges / University Attended):

School's Name	Attended Date to Date: (mm/dd/yyyy)	Major	Degree	Degree Type	Cum GPA

Overall Undergraduate GPA: _____

Graduate Studies (Colleges / University Attended):

School's Name	Attended Date to Date: (mm/dd/yyyy)	Major	Degree	Degree Type	Cum GPA

Overall Graduate GPA: _____

Pre – Requisites Completed (Optional):

GMU requires sufficient undergraduate / college level pre-requisite courses and credit hours to be completed for applicants applying for the professional degree program. Pre-Nursing, Pre-Medical or Pre-Pharmacy level entry does not require a student to have completed pre-requisites classes. Kindly include details of any and all relevant science courses you have taken.

Under-Graduate Course Work	Year(s) Class Was Taken	Name of the University or College	Credit Hours	Grade Received
Science Courses Completed				
General Biology Lab I				
General Biology Lab II				
Advanced Biological Courses with Lab				
Advanced Biological Courses with Lab				
General Chemistry Lab I				
General Chemistry Lab II				
Organic Chemistry Lab I				
Organic Chemistry Lab I				
Organic Chemistry Lab II				
Introduction to Biochemistry with Lab				
General Physics Lab I				
General Physics Lab II				
Biophysics				
College Mathematics I				
College Mathematics II				
Statistics				

Under-Graduate Course Work	Year(s) Class Was Taken	Name of the University or College	Credit Hours	Grade Received
Non-Science Courses Completed				
English I				
English II				
Non-Science Class				
Non-Science Class				
Non-Science Class				
Non-Science Class				
Non-Science Class				
Non-Science Class				

Transfer Students Only

For Students seeking transfer into	School's Name	Duration (No. of Semesters Attended)	Attended (Date to Date)	Cum GPA
Medical Program				
Nursing Program				
Pharmacy Program				

Transfer Courses completed from other institutions

Course Title	Name of the University or College	Year/Semester	Credit Hours	Grade Received

Clinical Rotations Completed (Transfer Students)

Discipline	Core/Electives	Name of University	Hospital where completed	Grade Received

V - CRIMINAL BACKGROUND CHECK AUTHORIZATION (Required)

To be submitted in conjunction with Application for Admission to the Greenheart Medical University.

I hereby authorize GreenHeart Medical University, any qualified agent, and/or clinical affiliate/agency to receive the following in connection with the program checked above: criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assisting the GreenHeart Medical University and/or the clinical affiliate/agency and/or for student visa purpose if required, in evaluating my suitability for the program I am applying for. The release of information pertaining to this criminal background investigation is expressly authorized. I also understand that information obtained via criminal background checks and relevant reports may result in my being denied, (1) full admission to the Program; or (2) Clinical assignments; or (3) student visa and, consequently, dismissal from the Program and the University; that I will be afforded the opportunity to be heard before any such withdrawal from the Greenheart Medical University at Guyana. I understand that I have a right to review the information that the Program receives in this criminal background investigation by putting a request in writing to "Office of the Registrar", and that I may respond to the information. I understand that reasonable efforts will be made by the University to protect the confidentiality of this information. I further understand that the results of the criminal background check may be reviewed by the Dean, Program Director, Department, Clinical Affiliates, Public Safety, and General Counsel. If adverse information is contained in my report, I understand that I will be notified by the University and will be asked to provide information and clarification in writing and that any decisions made afterwards would be final and not subject to appeal. I hereby give the University permission to release the criminal background report to the agency and affiliates for the program to which I am assigned for educational or clinical experience prior to beginning the assignment and regardless of whether such campus/affiliate/agency has required the background check. I understand the affiliates may refuse me access to clients/patients based on information contained in the criminal background check and that the criteria's may differ from that of the Program. I hereby release those individuals or affiliates/agencies from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I hereby further release the Greenheart Medical University at Guyana, its agents, officers, board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

Signature _____ Date _____

Print Name _____

Date of Birth _____

Please print or type all names you have used in the past:

VI - OPTIONAL ESSAY

Please include this option on a separate sheet paper and with your name and date of birth on each page

If you feel like your academic record and/or background is somewhat unusual, please state to the Admissions Committee a concise explanation of your path towards the career you have chosen. Including details on your areas of strength, academic history, experiences and reasons for choosing the program can lead to a better consideration by the Admissions Committee increases your chances for admissions into GreenHeart Medical University. Kindly include details as to why you feel you are a good candidate for the program and what sets you apart from other candidates.



VII - APPLICATION FEE PAYMENT

Method of Payment: CHECK ENCLOSED (Certified Checks Only)

Credit Card or Debit card

Date: _____/_____/_____

Applicant's Name: First _____ Last _____

Address: _____

City _____ State _____ Zip _____

Phone: Home: _____

 Work: _____

 Cell: _____

Entity: **GREENHEART MEDICAL UNIVERSITY**

Reason for Payment: **APPLICATION FEE**

Payment Amount: **US Dollars 75.00**

Credit/Debit type: American Express Master Card Visa

Card Number: _____

Expiration Date: (MM/YY): _____

Security Code: (Last 3 digits on back on card) (Am Ex - 4 digits on front of card) _____

Name of Cardholder: _____

Billing Address: _____ City: _____

State/Province _____ Zip/Postal code _____ Country: _____

Comments:

Initial Application Process Paperwork Checklist:

1. Online Application or Official Application
2. Application Fee Paid
3. Two Passport Photos (Digital Accepted)
4. Official Transcripts (Unofficial accepted for preliminary evaluation)
5. Background Check Signed on Application
6. Current C/V / Resume
7. Two Letters of Recommendation (Recent by Professor or Medical professional)

I understand that **Greenheart Medical University** reserves the right to accept or deny any applicant. I hereby state all information here is true and that I (_____) am responsible for the payment of my account in full. I will conform to all the terms and conditions pertinent to being a student/graduate at this school. Any applicant providing Greenheart Medical University with any incorrect or misleading information will be denied admission, terminated, be dismissed, or any degree nullified at any future time.

Please enclose or forward the following items with completed application for initial application processing:

- Non-refundable application fee of US \$75.
- Two recent passport-size photographs
- Two letters of recommendation,
- Background check information completed and signed
- ALL official transcripts from undergraduate and/or graduate colleges sent to the school
- Current Resume / CV

Note: Only provisional consideration is given on copies of transcripts received for initial processing of application and no transfer credit is awarded until official transcripts is received and the file is complete

Signature_____

Date_____

Please note: Your application will NOT be reviewed unless all applicable sections are completely answered and your application includes all required items listed on front sheet with the application fee of US \$75. paid.