



RAJIV GANDHI UNIVERSITY OF SCIENCE AND TECHNOLOGY

A Brand for Quality Education

APPLICATION FORM

We encourage you to use our secure electronic application form and submit it through our website www.rgust.edu.gy.

By using the electronic application form you will be able to save and change your application easily and as often as you like before submitting it. You will also be able to save and print your application and be sure we have received it. You will be able to track the status of your application and save generic information about yourself and your qualifications, which will save you time if you want to apply for more than one program. To submit your online application, you will need to provide scanned copies of your qualifications.

1. PROGRAMME APPLYING FOR

New Student <input type="checkbox"/>	Transfer Student <input type="checkbox"/>	Re-Admission: <input type="checkbox"/>
Programme Applying for: <input type="checkbox"/> Pre-Medicine <input type="checkbox"/> Medicine (MD)		
Semester Applying for Year: D/ <input type="checkbox"/> M/ <input type="checkbox"/> Y/ <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/>		

2. PREVIOUS ENROLLMENT

Have you previously applied to study or enrolled to any other medical universities in Guyana or out of Guyana.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
University Name: _____	

3. PERSONAL DETAILS (As they appear on your passport where applicable)

Family Name	Title (Mr., Mrs., Dr. other)	
First name	Preferred name	
Other names	Marital Status:	
If your academic records are submitted under another name, please provide certified evidence of a change of name.		
Date of birth(dd/mm/yyyy)	dd/mm / yyyy	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of citizenship	Ethnicity:	Passport number
Country of birth		
Which country do you currently reside in?	My country of citizenship is: _____ Year arrived in Guyana: _____ Another country-Please specify: _____	

Will you require a student visa? No please specify your visa type: Yes Student visas are subject to study-load conditions.

Do you speak any other language other than English? No Yes please specify:

Do you have a disability for which additional assistance may be required? No Yes please outline this disability and the assistance required.

4. CONTACT DETAILS (All applicants must complete this section in full)

Permanent Home address:	Current mailing address:
Email address:	Telephone numbers: (incl. international area code)

5. AGENT DETAILS (If Applicable)

Are you applying through an RGUST-authorized agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → If No, proceed to section 6
Company name:	Branch name:	
Counselor:	Phone number:	
Email address:	Fax number:	

6. EDUCATION HISTORY

Please list all studies you have undertaken including high school, preparation/bridging courses, university, or college, as well as studies undertaken at RGUST:

Course	Institution	Date Commenced	Date Completed

Please submit transcripts and certificates for all prior studies, along with a certified translation if the original documents are not in English. If you have been awarded professional qualifications (e.g. hospital training), please provide evidence of completion.

Have you ever been excluded from a course and/or institution? No Yes Please attach details including effective dates.

7. EMPLOYMENT HISTORY

Type of Work	Employer	Date Commenced	Date Completed	FT/PT

Please submit a copy of your résumé and work certificates or statements of employment for all work experience listed, along with a certified translation if the original documents are not in English.

8. ENGLISH PROFICINECY (International Students Only)

How long have you been studying English?	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1–3 years	<input type="checkbox"/> 3–6 years	<input type="checkbox"/> 6+ years
What is your present level of English?	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Have you taken any English proficiency examinations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Please attach your results:		

9. STANDARDIZED TESTS (International Students Only)

Test	Location (s) Taken	Dates	Attempts (Total)	Highest Score
SAT				
MCAT				
TOEFL/ IELTS				
GRE				
USMLE1/2CS/2CK				
Other Admission/Entrance Test				

10. FINANCIAL INFORMATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Personal Savings: | <input type="checkbox"/> Private Loans: | <input type="checkbox"/> Partial- Scholarship |
| <input type="checkbox"/> Family Sponsor: | <input type="checkbox"/> Federal Loans: | <input type="checkbox"/> Full Scholarship |

11. RECOMMENDATION

Please provide the name, employment position, address, and phone number of the person who will be forwarding official letters of recommendation from your pre-medical course professors. These letters must be on original letterhead stationery and sent directly from the person at Rajiv Gandhi University of Science and Technology or sent along with your application.

Note: If you have attended another medical school, a letter from the Dean's office, Medical Faculty, must also be included.

1. Name:	
Profession/ Faculty:	
Member Position:	
College/ University:	
Address:	
Work Phone & Email:	
2. Name:	
Profession/ Faculty:	
Member Position:	
College/ University:	
Address:	
Work Phone & Email:	

12. CRIMINAL BACKGROUND CHECK AUTHORIZATION (Required)

I hereby authorize the Rajiv Gandhi University of Science and Technology to receive the following in connection with the program checked above: -

- Any criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assistance to the Rajiv Gandhi University of Science and Technology and/or the clinical affiliate/agency and/or for student visa purposes if required in evaluating my suitability for the program I am applying for. The release of the 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 being denied, full admission to the program, Clinical assignment student visa, and, consequently, dismissal from the program and the university.
- I will be afforded the opportunity to be heard before any such withdrawal from the Rajiv Gandhi University of Science and Technology Georgetown, 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 **"The 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 the results of the criminal's 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 reports.
- I understand that I will be notified by the University and will be asked to provide information and clarification in writing and any decisions made after would be final and not subject to appeal.
- I hereby give permission to the University 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 the beginning of 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 may differ from that of the Program.
- I hereby release those individuals or affiliates/agencies from any liabilities or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the authority as the original.

I hereby further release to Rajiv Gandhi University of Science and Technology at Guyana, its agents, officers, board, and employees from all claims, including but not limited to, claims of demotion, invasion of privacy, wrongful dismissal, negligence, or any other damage of or resulting from or pertaining to the collection of this information checked above.

13. APPLICATION FEE PAYMENT

Method of Payment: Bank Deposit Wire Transfer Date of payment: _____

Signature: _____ **Date:** _____

Printed Name: _____

Date of Birth: _____

Please insert any alias names if used before or have: _____
