

THE GEORGE
WASHINGTON
UNIVERSITY
MEDICAL CENTER
WASHINGTON DC

**Undergraduate External
Transfer Application Form**

2009-2010

School of Public Health and Health Services
2300 I Street, NW
Washington, DC 20037
Phone: 202.994.2160
Email: sphsinfo@gwumc.edu
Fax: 202.994.1850

School of Public Health and Health Services
2009-2010 Secondary Application
 Undergraduate External Transfer Application

Dear SPHHS Undergraduate Applicant:

The SPHHS Undergraduate Transfer Application is required for all external transfer applicants. To expedite the processing of your admissions application, The George Washington University School of Public Health and Health Services Committee on Admissions requests that all application materials be submitted in one envelope and returned to:

Office of Admissions
 School of Public Health and Health Services
 221 Ross Hall
 2300 I Street, NW
 Washington DC 20037
 Phone: 202.994.2160
 Email: sphhsinfo@gwumc.edu
 Fax: 202.994.1850

Are you sending all the required admissions documents to the Office of Admissions?

Please check the appropriate boxes on the checklist to the right to indicate the required documents you are sending to the SPHHS Office of Admissions. When a required document is not being sent, indicate in the space provided the reason it was not included and the date it will be sent to the Office of Admissions.

Explanation of Missing Required Documents

Undergraduate External Transfer Check List

Required Documents	Yes	No
I. SPHHS Application		
- \$60 Fee made payable to GW		
- Transcripts – All post secondary schools		
- Resume		
- Personal Statement		
- One letter of recommendation		
- WES transcript translation for international transcripts. http://www.wes.org		

International Applicants

Include these documents with your Application to SPHHS

Required Documents	Yes	No
Financial Certificate, Original Bank Statements and Related Documents according to instructions		
Copy of Passport Biographical Page and Expiration Date		
Additional Requirements for International Applicants in the US		
Copy of I-94 document (front and back with red INS stamp visible)		
Copy of Visa Stamp		
Optional Practical Training (OPT) applicants submit copy of Employment Authorization Card front and back		
Attending college in the US? Request a Transfer Verification From sphhsinfo@gwumc.edu		

Include this page with your Application

SPHHS Undergraduate Transfer Application

Please type legibly with a black ball point pen. Please visit The George Washington University School of Public Health and Health Services website, www.gwumc.edu/sphhs/, for program updates and possible application deadline extensions. Please notify the Office of Admissions immediately of any change in your contact information.

General Information

1. Social Security Number ____ - ____ - ____ (Used only for document tracking. GW will assign an ID number)

2. _____
LAST OR FAMILY NAME FIRST NAME MIDDLE NAME

3. Have you ever registered at this or any other institution under a different name? Yes No
If yes, state name(s) _____

At what institutions? _____

4. I wish to receive my mail here:

Address _____
NUMBER STREET APARTMENT NUMBER

CITY STATE/PROVINCE ZIP COUNTRY

Telephone _____ Email _____
(Required if available)

Personal Data

5. Gender Male Female Date of Birth ____/____/____ Country of Birth _____

6. Are you a U.S. Citizen? Permanent Resident? Refugee?

If not, state the country of your citizenship _____

7. Under Title VI of the Civil Rights Act of 1964, we are required to ask the following questions of U.S. Citizens and permanent residents. Answers will not affect admissions decisions. Your cooperation is requested and appreciated, but not required.

Do you consider yourself to be Hispanic/Latino?

_ Yes

_ No

In addition, select one or more of the following racial categories to describe yourself:

_ American Indian or Alaska Native

_ Asian

_ Black or African American

_ Native Hawaiian or Pacific Islander

_ White

Admissions Information

8. This application is for Summer 20__ Fall 20__ Spring 20__

9. Have you previously applied for admission to The George Washington University (degree or non-degree, on or off campus)? Yes No

If yes, to which degree/program? _____ Year _____

If yes, when did you last register? _____ / _____
SEMESTER YEAR

10. Do you plan to enroll Full time (12 credit minimum for spring and fall)
 Part time

11. Please check the **program** to which you are applying (check one).

BS Exercise Science . BS Exercise Science – Health and Fitness BS Exercise Science Pre-Health Professional

Education

Complete this section even if the information appears on your resume. List all the institutions you attended in reverse chronological order, starting with the most recent. List all schools attended beyond high school.

Have you been the subject of disciplinary or academic action (i.e., probation, suspension, dismissal) at any college or university?

Yes (you must explain on a separate sheet and submit with application materials) No

Name of Institution	Location City, State	Attendance Dates		Major/Field	Degree(s) Received
		From mo./yr.	To mo./yr.		

Financial Aid

Do you plan to apply for a Federal Stafford Loan, Perkins Loan, or Work-Study position from this University?

Yes No

Signature

I hereby certify that I have personally filled out this form and the information is complete and accurate. I understand that all credentials submitted in support of this application become the property of the University and will not be returned. By submitting this application, I agree to abide by and be subject to the University’s rules, regulations, and disciplinary code. I further understand that it is my responsibility to assure that all documents necessary to complete my application arrive before the application deadline.

Joint and Dual Program students: Your signature on this form authorizes SPHHS to obtain application materials from the other School to complete your application.

Applicant’s Signature _____ Date _____