

International University for Graduate Studies

Corner of Rodney & Sandwich Street Portsmouth, Commonwealth of Dominica West Indies

Phone: (888) 989-4723 | Fax (718) 796-3612

www.iugrad.edu.dm

APPLICATION FOR ADMISSION

- 1. An evaluation of all potential credits from colleges, universities, professional institutions, professional seminars, and other areas which meet academic accreditation standards for graduation requirements.
- 2. An evaluation of relevant professional experience.
- 3. An evaluation of any certifications, licenses, or other professional requisites needed for your degree programme.

After we receive your completed portfolio, we will contact you to schedule an interview.

Name:	
Address:	
Gender: MF	Social Security:
Home Phone: ()	Work Phone : ()
Fax Number: ()	Email:
Date of Birth:	Citizenship:
How did you hear about IUGS?	

Universities (Colleges) Attended, Major Fields of Study, Degrees Earned:

_earning Institution	Major Areas of Study	Dates Attended	Date of Graduation
Professional Experie	nce: essional and academic experiences		
ist recent and relevant experi-	ences: Include additional page(s) as	s necessary).	
Certification or Licen	sure		
Reference (two or mo			
Degree programme to b	e pursued (if known) at Int	ernational University	y for Graduate Studies:

Note that the use of titles and/or degrees may be regulated by state, provincial or national law. The fact that a title or degree is earned from and conferred by an accredited institution does not mean that it may be accepted by all parties or lawfully be used at all times, in all places and for all purposes. Regarding the use of titles and degrees, it is responsibility of applicants and candidates to seek advice from the appropriate jurisdictional authority, agency, institution or professional, in or for which they intend to work or practice.

I have read the rules and regulations that are on the application for admission and also on the IUGS Website, www.iugrad.edu.dm

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Date:

Please send the following:

- 1. Official transcripts and academic records
- 2. Any relevant professional information
- 3. A check for \$250 payable to: International University for Graduate Studies

MAIL TO: International University for Graduate Studies, Attn: Joyette Daniel, Finance Administrator Corner of Rodney & Sandwich Street Portsmouth, Commonwealth of Dominica West Indies

<u>ADDITIONALLY:</u> Please fax or scan and email this completed application form along with a copy of your check to: admissions@iugrad.edu.dm