



Corner of Rodney & Sandwich Street Portsmouth, Commonwealth of Dominica. W.I.

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## **APPLICATION FOR ADMISSION**

Name:			
Address:			
Gender: $\square$ M $\square$ F	Social Secur	ity:	
Home Phone: ( )	Work Phone: ( )		
Fax Number: ( )	Email:		
Date of Birth:	Citizenship:		
How did you hear about IUGS?			
Associate  Dean or Associate Dean	Friend Online Search	E-Mail Announcement Other	
Universities (Colleges) Attended & D	Degrees Earned:		
Learning Institution	Degree Earned	Dates of Graduation	
Certification or Licensure:			

References (Optional):		
Degree programme to be pursued (if k	nown) at International University for Graduate Studies:	
conferred by an accredited institution does not mean that	ed by state, provincial or national law. The fact that a title or degree is earned from and tit may be accepted by all parties or lawfully be used at all times, in all places and for all esponsibility of applicants and candidates to seek advice from the appropriate jurisdictional ch they intend to work or practice.	
I have read the rules and regulations that are on the ap	oplication for admission and also on the IUGS Website, <u>www.iugrad.edu.dm</u>	
Signature:	Date:	
Please send the following:		
1. Official Transcripts and Academic Records		

- \$250.00 Application Fee

**MAIL TO: International University for Graduate Studies** 

**Attn: The Registrar Corner of Rodney & Sandwich Street Portsmouth, Commonwealth of Dominica West Indies** 

**ADDITIONALLY: Please fax or scan and email this completed application form to:** admissions@iugrad.edu.dm