Please **DO NOT** complete this application form before you review the program requirements at [**www.internationalsurgery.med.ubc.ca**](http://www.internationalsurgery.med.ubc.ca)

## PERSONAL INFORMATION (Please print clearly)

|  |  |  |
| --- | --- | --- |
| Last or Family Name:  | First or Given Name:  |  |
| Address:  | City:  |
| Province/State:  | Postal/Zip Code:  | Country:  |
| Phone:  |  | Email Address (**please print**):  |
| Date of Birth: **dd/mm/yyyy** | Citizenship:  | **Yes** | **No** |
| I have a four-year bachelor’s degree in a health-related profession that meets the UBC Faculty of Graduate Studies academic admission requirements (see [https://www.grad.ubc.ca](https://www.grad.ubc.ca/)/) | **[ ]**  | **[ ]**  |
| I am a Surgeon and/or MD | [ ]  | [ ]  |
| If you answered **Yes** to the last question, please **PRINT** where you are currently working and/or teaching. Please include your speciality: |
| I understand that my application will be considered when English Language Proficiency Test results (if required) and all other required documentation (*resume* and *statement of intent)* is received by the UBC Branch for International Surgical Care. | [ ]  | [ ]  |
| I have failed a year or been required to withdraw from UBC or another college or university. | **[ ]**  | **[ ]**  |
| I have studied at UBC before. | [ ]  | [ ]  |
| If you answered **Yes** to the last question, please **PRINT** your UBC Student number and your name when you studied at UBC *(if* ***different*** *from your current name*): |

# ACADEMIC HISTORY

Please provide your academic background. Official transcripts may be requested by the Branch.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post-Secondary Institutions attended or currently attending **(most recent first)** | Province/Country | From | To | Degree/Diploma | Completion Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**DECLARATION**

* I accept that if, in reading and completing this application, I knowingly or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.
* I agree that UBC may verify the information provided by contacting the relevant institution – if an MD, the Royal College of Physicians and Surgeons of Canada.
* I accept that information on falsified documents is shared with the Association of Universities and Colleges of Canada.

|  |  |
| --- | --- |
| Signature of Applicant:  | Date: |

**IMPORTANT NOTES:**

1. Please scan and email your completed form to **surgery.international@ubc.ca** to the attention of the Managing Director, Branch for International Surgical Care.
2. Queries related to your application should be directed to: Branch for International Surgical Care, **Tel: (604) 875-4111 (Ext. 23131), Email:** **surgery.international@ubc.ca**
3. We will send you an email acknowledging receipt of your application.