



Application Form
Global Surgery courses
I am applying for

SURG 510

SURG 517

Please **DO NOT** complete this application form before you review the program requirements at
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/)		<input type="checkbox"/>	<input type="checkbox"/>
I am a Surgeon and/or MD		<input type="checkbox"/>	<input type="checkbox"/>
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 (<i>resume and statement of intent</i>) is received by the UBC Branch for International Surgical Care.		<input type="checkbox"/>	<input type="checkbox"/>
I have failed a year or been required to withdraw from UBC or another college or university.		<input type="checkbox"/>	<input type="checkbox"/>
I have studied at UBC before.		<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes to the last question, please PRINT your UBC Student number and your name when you studied at UBC (<i>if different from your current name</i>):			

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or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.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 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. 23110), Email: surgery.international@ubc.ca**
3. We will send you an email acknowledging receipt of your application.