



Please **DO NOT** complete this application form before you review the program requirements at [www.globalsurgery.med.ubc.ca](http://www.globalsurgery.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: <b>dd/mm/yyyy</b>	Citizenship:	<b>Yes</b>	<b>No</b>
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 <a href="https://www.grad.ubc.ca/">https://www.grad.ubc.ca/</a> )		<input type="checkbox"/>	<input type="checkbox"/>
I am a Surgeon and/or MD		<input type="checkbox"/>	<input type="checkbox"/>
If you answered <b>Yes</b> to the last question, please <b>PRINT</b> 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 Global 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 <b>Yes</b> to the last question, please <b>PRINT</b> 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 ( <b>most recent first</b> )	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or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.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 [global.surgery@ubc.ca](mailto:global.surgery@ubc.ca) to the attention of the Branch for Global Surgical Care.
2. Queries related to your application should be directed to: Branch for Global Surgical Care, **Tel: (604) 875-4111 (Ext. 23110), Email: [global.surgery@ubc.ca](mailto:global.surgery@ubc.ca)**
3. We will send you an email acknowledging receipt of your application.