



Planned Matriculation Date \_\_\_\_\_

Appl# \_\_\_\_ - \_\_\_\_\_

**STATE UNIVERSITY OF NEW YORK  
HEALTH SCIENCE CENTER AT BROOKLYN  
SCHOOL OF GRADUATE STUDIES**

Please **TYPE** or print all information in **BLACK INK**.

1. Name \_\_\_\_\_ 2. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

3. Citizenship: U.S.A. [ ] Other (specify) \_\_\_\_\_

For foreign applicants, specify expected visa status: F-1 [ ] J-1 [ ] Other (specify) \_\_\_\_\_

Foreign nationals: please insure that name above exactly matches name on visa.

4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

5. Current Address \_\_\_\_\_  
Street City

\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
State Postal - Zip Code Area Code Number

E-mail: \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

6. Permanent Legal Address \_\_\_\_\_  
Street City

\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
State Zip Code Area Code Number

7. Name of Applicant's: Parent [ ] Spouse [ ] Closest Relative [ ]

\_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Name Area Code Number

\_\_\_\_\_ Street City State Zip Code

8. Degree Sought: Ph.D. [ ] M.D./Ph.D. [ ] (M.D./Ph.D. applicants must have applied for admission or be currently enrolled in the SUNY Downstate College of Medicine.)

9. List each year of undergraduate study separately in chronological order.

<u>Institution/City</u>	<u>From Month/Year</u>	<u>To Month/Year</u>	<u>Major</u>	<u>Degree</u>	<u>Yr degree received or expected</u>	<u>GPA*</u>	<u>GPA Science &amp; Math*</u>

10. List each year of graduate or professional study separately in chronological order.

<u>Institution/City</u>	<u>From Month/Year</u>	<u>To Month/Year</u>	<u>Major</u>	<u>Degree</u>	<u>Yr degree received or expected</u>	<u>GPA*</u>	<u>GPA Science &amp; Math*</u>

\*Give Grade Point Average as a fraction of earned GPA/maximum obtainable, e.g., 2.5/3 or 3.5/4.

11. List employment since graduation.

12. List academic awards or special distinctions you have received.

13. Indicate your scores on the Graduate Record Examination and TOEFL.

Verbal\_\_\_\_\_ Quantitative\_\_\_\_\_ Analytical\_\_\_\_\_ TOEFL \_\_\_\_\_

If not yet taken, when do you expect to take the G.R.E. ? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

14. Have you taken the Medical College Aptitude Test? Yes\_\_\_\_\_ No\_\_\_\_\_ Indicate scores: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

15. Have you applied for admission to the College of Medicine, at SUNY Health Science Center at Brooklyn? Yes\_\_\_\_\_No\_\_\_\_\_

16. Where did you hear about the SUNY School of Graduate Studies at the Health Science Center Brooklyn?  
 Research Contact,  Advertisement,  Peterson's Guide,  Personal Recommendation,  School Guidance Office

Recruitment Fair,  Other \_\_\_\_\_

17. Briefly summarize your scientific and/or research experience. If you have had no scientific or research experience, indicate what experiences have motivated your application to graduate school.

18. Indicate the Ph.D. program in which you are most interested:

Molecular & Cellular Biology [ ], **or**

Neural & Behavioral Science [ ]

19. What areas of faculty research have contributed to your interest in SUNY Health Science Center at Brooklyn?

20. Describe your career goals and how you expect graduate study to help you achieve them.

Please submit the following credentials as soon as possible:

- a) Official transcripts of all undergraduate and graduate courses.
- b) Scores on the Graduate Record Examination, including all three general tests. Advanced test is optional. Applicants to the M.D./Ph.D. Program may instead submit scores on the Medical College Aptitude Test. Graduates of U.S. medical schools may submit scores from the USMLE in lieu of G.R.E. scores.
- c) Letter of recommendation forms completed by two or more persons familiar with your academic background and research experience are required. Please list their names and addresses. Be sure to advise them to send the form directly to this office.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, [ ] I DO or [ ] I DO NOT waive my right of access to all letters of reference. (NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation after you are a matriculated student.)

Are you able to appear for an interview? Yes [ ] No [ ]

A fee of \$35 is required for applicants to graduate degree programs. If you are unable to pay this fee, please indicate your reasons for requesting waiver of the application fee. The fee is not required for M.D./Ph.D. applicants who have already paid the College of Medicine application fee. Otherwise, you should send a check or money order, payable to SUNY, along with your application.

**I certify that the information in this application is complete and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Address all correspondence to:

Denise Sheares, Director of Admissions  
School of Graduate Studies  
SUNY Downstate Medical Center  
450 Clarkson Avenue, Box 41  
Brooklyn, New York 11203-2098

**Telephone: 718-270-1155**

**FAX: 718-270-3378**

**E-mail: [sgsadmissions@downstate.edu](mailto:sgsadmissions@downstate.edu)**

**Website: [www.downstate.edu/grad](http://www.downstate.edu/grad)**

**The Personal Privacy Protection Law requires this notice to be provided when collecting information from individuals. The information on this admissions application will be used by SUNY Health Science Center to evaluate your request for admission. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in section 335 (2) (i) of the Education Law.**

This application information will be maintained in the Graduate Office. The official responsible for the maintenance of this information is Dr. Susan Schwartz-Giblin, Dean, School of Graduate Studies, SUNY Health Science Center, 450 Clarkson Avenue, Box 41, Brooklyn, New York, 11203-2098.

