



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</u> <u>Month/</u> <u>Year</u>	<u>To</u> <u>Month/</u> <u>Year</u>	<u>Major</u>	<u>Degree</u>	<u>Yr degree</u> <u>received or</u> <u>expected</u>	<u>GPA*</u>	<u>GPA</u> <u>Science</u> <u>&</u> <u>Math*</u>

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

<u>Institution/City</u>	<u>From</u> <u>Month/</u> <u>Year</u>	<u>To</u> <u>Month/</u> <u>Year</u>	<u>Major</u>	<u>Degree</u>	<u>Yr degree</u> <u>received or</u> <u>expected</u>	<u>GPA*</u>	<u>GPA</u> <u>Science</u> <u>&</u> <u>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 \$50 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.

Were you ever dismissed or withdrawn from college/university, or denied readmission? Yes [☐] No [☐]

If YES, please explain on a separate page.

Except for minor traffic violations, were you ever convicted of any violation of the law? Yes [☐] No [☐]

If YES, please explain on a separate page.

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

Website: 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.

