

School of Graduate Studies
MD/PhD Supplemental Application
2017-2018 Application Year for the Class Entering Fall, 2018

Name: _____ AAMC ID: _____
(please print) First Name Last Name

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

- ☐ Molecular & Cellular Biology
- ☐ Neural & Behavioral Science
- ☐ Biomedical Engineering – Select one of the two tracks below
 - ☐ Biomaterials and Polymer Therapeutics
 - ☐ Bioimaging and Neuroengineering

2. You must submit a letter of recommendation from your research mentor to complete your MD/PhD application. If your research mentor letter is already included in your AMCAS application Committee Letter or the Letter Packet, please check here ☐ Additional Letters are not necessary.

Research Mentor Name: _____
(please print) First Name Last Name

Research Mentor's Institution: _____

If your research mentor is submitting a separate letter of recommendation, use this PDF form: <http://www.downstate.edu/grad/pdf/REC-LET.pdf> and have your mentor return the form directly to the School of Graduate Studies. The deadline for our receipt of the letter is December 1, 2017.

3. What areas of faculty research have contributed to your interest in SUNY Downstate? (Attach an additional sheet if necessary.)

Signature

Date

This signature authorizes officials of the School of Graduate Studies access to all admissions documents for purpose of evaluation.. The State University of New York Downstate Medical Center does not discriminate on the basis of sex, race, color, creed, national origin, religion, age, sexual orientation, disability, marital status, handicap, or status as a disabled veteran or veteran of the Vietnam era, in the recruitment of students or in the operation of any of its programs or activities, as specified by Federal and State laws and regulations. For more information, contact the Office of Opportunity and Diversity at (718) 270-1738 which is at 151 E. 34th Street.