

School of Graduate Studies
MD/PhD Supplemental Application

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

Application Year _____

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

- ☐ Molecular & Cellular Biology
☐ Neural & Behavioral Science

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: (https://www.downstate.edu/education-training/school-of-graduate-studies/_documents/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 of the year prior to the application year.

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

Signature

Date

Return this form to Ms. Denise Sheares, Director of Admissions, School of Graduate Studies, MSC 41, 450 Clarkson Avenue, Brooklyn, NY 11203, denise.sheares@downstate.edu or to Room BSB 3-114A.

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