

APPLICATION TO GENETIC EPIDEMIOLOGY GRADUATE STUDIES

GENETIC EPIDEMIOLOGY MASTER OF SCIENCE (GEMS)

Please read the instructions carefully before completing the application. Type or print clearly. Applications should be postmarked by the due date announced on the GEMS home page, and must be received with a non-refundable processing fee of \$50.00. Admissions decisions are announced via letter and e-mail.

My application is for (check one): the ___ Computational or the ___ Clinical Track.

BIOGRAPHICAL INFORMATION

FULL LEGAL NAME		LAST, FAMILY, OR SURNAME		FIRST	MIDDLE		
<input type="checkbox"/> Mr.							
<input type="checkbox"/> Ms.							
CURRENT MAILING ADDRESS		Number & Street	City	State or Foreign Country	Zip Code		
PERMANENT MAILING ADDRESS (If different from above)		Number & Street	City	State or Foreign Country	Zip Code		
ELECTRONIC MAIL ADDRESS				CURRENT DAY PHONE (area code)			
CURRENT EVENING PHONE (area code)		PERMANENT PHONE (area code)		SOCIAL SECURITY NO. (if available)			
DATE OF BIRTH	Month	Day	Year	PLACE OF BIRTH	City	State or Foreign Country	CITIZENSHIP
If you are a U.S. Citizen or permanent resident, please indicate your ethnic origin (although self-identification by race is entirely voluntary, the U.S. Department of Education requires Washington University to report on the composition of its student enrollment).		<input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Black, Non-Hispanic Origin			
		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White, Non-Hispanic Origin		
If you are a non-U.S. citizen currently in the United States, what is your immigration status?		<input type="checkbox"/> Student (F1)		<input type="checkbox"/> Exchange Visitor (J1)		<input type="checkbox"/> Permanent resident (give number)	
		<input type="checkbox"/> Student Spouse (F2)		<input type="checkbox"/> Other (specify type)			

ACADEMIC HISTORY

Please list all colleges and universities attended (beginning with current or most recent institution)

NAME OF INSTITUTION	DATES		MAJOR FIELD OF STUDY	GRADE POINT	AVERAGE	NAME OF DEGREE	DATE AWARDED OR EXPECTED
				COURSES IN SCIENCE	COURSES In Math		
	FROM	TO					
	FROM	TO					
	FROM	TO					
	FROM	TO					
	FROM	TO					

Please submit official transcripts from all institutions attended.

If you have previously applied to Washington University for graduate admission, list year your application was submitted: _____

Other names, if appropriate, on academic records or previous applications: _____

Do you wish to be considered for financial aid? ___ yes ___ no. If yes, please submit a separate letter or statement of explanation.

Briefly indicate how you learned about our program, and list the source of information you consulted before you submitted this application.

LETTERS OF RECOMMENDATION. Please submit these sealed letters with your application or have the recommenders mail them directly to the GEMS Program Administrator, Division of Biostatistics, Washington University in St. Louis Medical School, 660 South Euclid, Campus Box 8067, St. Louis, MO 63110.

Applicants are asked to submit at least two letters of recommendation from current or past professional teachers, academic advisors, mentors, or professional colleagues. Additional personal or other letters of recommendation are optional.

NAME / TITLE	DEPARTMENT / INSTITUTION	CITY / STATE	TELEPHONE
Additional recommendations (Optional)			

ATTACH YOUR CURRICULUM VITA OR RESUME

ATTACH A SUMMARY of your academic and/or work and research experience in these three areas on a separate sheet of paper.

- 1) mathematics/statistics,
- 2) biological sciences and genetics,
- 3) computer programming and general computer facility.

FOR INTERNATIONAL STUDENTS ONLY:

Have your TOEFL or TSE Score (not more than 2 years old) sent directly to us at the address given. If you already have notification of your score, please enclose a copy with your application. Note that you may be asked to participate in a telephone interview before a final admissions decision is made.

Name of Exam: _____ Test Date: _____

Where Taken: _____ Your Score (if known): _____

You may not be required to take an English exam, if you have completed a higher education degree in the United States. If you are not including TOEFL or TSE information, please explain here.

PERSONAL STATEMENT

Describe on **one** separate page why you are interested in undertaking a graduate program in Genetic Epidemiology. Outline your professional goals, and, if known, suggest the topics or issues you may want to explore as part of the research phase of the program.

RECOMMENDATION

To be completed by the Applicant:

Last	First	Middle Initial
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The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Applicants are also permitted to waive their right of access to recommendations. This form is used to help reach decisions on admission. It is not retained as part of the academic record of a student who enrolls at Washington University. Please indicate below whether or not you waive your right of access to this recommendation.

٢ I DO WAIVE my right to inspect the contents of the following recommendation. ٢ I DO NOT WAIVE my right to inspect the contents of the following recommendation.	SIGNATURE
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To be completed by the Advisor/Teacher/Mentor/Colleague

The applicant named above wishes you to provide a recommendation on behalf of her/his application for admission to the Genetic Epidemiology Masters of Science Program at Washington University School of Medicine. We would greatly appreciate your objective evaluation of the applicant's qualifications. **Please complete the front side of this form and, in an accompanying letter, answer the questions on the reverse side.** Thank you for your help.

Please rank the applicant with respect to each category below.

	Excellent (Upper 5%)	Good (6-20%)	Average (21-60%)	Below Average (<60%)	No Basis For Judgment
Communication skills					
Overall intellectual ability					
Understanding of the fundamentals of clinical medicine					
Ability to organize facts and ideas					
Motivation and industry					
Reliability and integrity					
Ability to handle stressful situations					
Ability to interact well with others					
Ability to function independently					
Potential as a clinical research scientist					

What is your overall recommendation regarding this applicant:

accept for Masters
 accept for Masters with some reservation
 not accept

Full Name (Please print)	Signature	
Title and Department	Date	
College/University/Institution		
Street Address		
City	State	Zip Code
Telephone Number	E-mail Address	

Please either return this form to the applicant using the envelope provided, sealing and signing the flap to ensure confidentiality.....or you mail your letter directly to: **Program Administrator, Washington University in St. Louis, Division of Biostatistics, Box 8067, 660 S. Euclid, St. Louis, MO 63110.** Feel free to address all questions to the Administrator of Genetic Epidemiology Master of Science (GEMS) program via: Telephone: 314-362-1052; Fax: 314-362-2693; or E-Mail: pa@wubios.wustl.edu.

In your accompanying letter of recommendation, please address the following points:

- Please evaluate the applicant's potential to be a successful in this program.
- How long and in what capacity have you known the applicant?
- If the applicant has worked for you, please describe his or her accomplishments.
- What is your opinion regarding the overall potential of this applicant to succeed in a graduate program?
- Are there any special circumstances that our admissions committee members should take into account when assessing the applicant's suitability for this graduate program?

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