



# GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

University of Medicine & Dentistry of New Jersey

At New Jersey Medical School

30 Bergen Street, ADCM 1, Room 110  
Newark, NJ 07107-3000  
Phone: (973) 972-4511 • Fax: (973) 972-7148

## APPLICATION FOR ADMISSION – Masters’ Programs

**\$40 application fee must be received before the application will be considered.**

Type or print all answers clearly in black ink. If additional space is required, attach a separate sheet and refer to the question by number.

1. Enrollment to begin: Fall (yr)\_\_\_\_\_ 2.  Full time  Part time
3. Degree (check one):
- Master of Science (M.S.) – 25 credits plus a thesis  Master of Biomedical Sciences (MBS) – 30 credits
- M.S. /MBA - \$50 application fee/Joint Program with Rutgers University
- Clinical Residency /M.S. (Open only to medical residents at NJMS as part of training program)

***Master’s programs are open only to citizens or permanent residents of the US.***

4. Career Goals: (check one):

- Clinical Science  Biomedical Research  Education  Other\_\_\_\_\_

### Required documents for all MS applicants

- GREs (MCAT and DAT scores may substitute for GREs)
- 2 letters of recommendation
- Official transcript(s) showing award of degree date from all institutions attended

5. Name \_\_\_\_\_  
(Last) (First) (Middle)
6. Current address \_\_\_\_\_  
street city state zip  
Phone \_\_\_\_\_ If NJ resident, how long \_\_\_\_\_ County \_\_\_\_\_
7. Permanent legal address \_\_\_\_\_  
street city state zip  
Phone \_\_\_\_\_ If NJ resident, how long \_\_\_\_\_ County \_\_\_\_\_
8. Email address: \_\_\_\_\_ 9. Citizenship \_\_\_\_\_
10. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

11. Responses to these questions are voluntary and will be kept confidential.

Not providing this information WILL NOT adversely affect the status of the application.

- a. Date of birth \_\_\_\_\_ b. Sex:  Male  Female
- c. Ethnicity:
- American Indian/Alaskan Native  Mexican
- Asian/Pacific Islander/Indian Subcontinent  Puerto Rican:  Mainland  Commonwealth
- Black (Non-Hispanic)  Hispanic: \_\_\_\_\_
- White (Non-Hispanic)  Other: \_\_\_\_\_

12a. List chronologically all educational institutions attended since high school, including the institution you currently attend.

| Institution | Location | Attended |    | Degree Sought | Date Expected or Received |
|-------------|----------|----------|----|---------------|---------------------------|
|             |          | From     | To |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |

12b. GPA: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

12c. Science Courses (please indicate courses you have taken and the last grade you received)

| <u>Science Course</u> | <u>Grade</u> |
|-----------------------|--------------|
| Biochemistry          | _____        |
| Biology               | _____        |
| Inorganic Chemistry   | _____        |
| Organic Chemistry     | _____        |
| Other:                | _____        |
| _____                 | _____        |
| _____                 | _____        |

13. Have you previously applied for admission or taken courses at this graduate school? no yes If yes, date \_\_\_\_\_

14a. Indicate scores on the Graduate Record Examination (GRE)

Verbal \_\_\_\_\_ ( \_\_\_\_\_ %) Quantitative \_\_\_\_\_ ( \_\_\_\_\_ %) Analytical \_\_\_\_\_ ( \_\_\_\_\_ %) Date of Exam \_\_\_\_\_

Subject: name \_\_\_\_\_ score \_\_\_\_\_ ( \_\_\_\_\_ %) Date of Exam \_\_\_\_\_

If you have not taken the GRE, when do you plan to do so? \_\_\_\_\_

**If you elect to use MCAT or DAT scores in lieu of GREs please complete 14b or 14c.**

14b. MCAT scores VB \_\_\_\_\_ PS \_\_\_\_\_ WR \_\_\_\_\_ BS \_\_\_\_\_ Date of Exam \_\_\_\_\_

14c. DAT scores Academic Average \_\_\_\_\_ Total Science \_\_\_\_\_ Date of Exam \_\_\_\_\_

15. List scientific publications, academic awards, prizes, and memberships in honorary or professional societies.

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16. List current occupation and major employment or activities since college graduation.

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17. Military Service from \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

18. How did you learn of the UMDNJ-Graduate School of Biomedical Sciences? \_\_\_\_\_

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**19. Attach a statement expressing your motivation and aims for graduate study in the proposed major field.**

I have read and understand the attached statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline or revocation of degree. I understand and agree that any misrepresentation in this application will be sufficient cause for rejection of this application, or dismissal if I have been admitted to the Graduate School of Biomedical Sciences. In compliance with the Student Right to Know and Campus Security Act, UMDNJ's Annual Security Report is available from the Department of Public Safety at 5 Bruce Street, Building 5, P.O. Box 170, Newark, NJ 07101-1709.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)



30 Bergen Street  
Administrative Complex One, Suite 110  
Newark, NJ 07107-3000

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## Request for recommendation

This section to be completed by the applicant (PLEASE PRINT OR TYPE)

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Degree program and field of study \_\_\_\_\_

AGREEMENT RESPECTING CONFIDENTIALITY; I waive , I do not waive , my right to access this recommendation under the Family Education rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g (a)(1).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### To the Recommender:

The person above is applying for admission to the UMDNJ-Graduate School of Biomedical Sciences – Newark campus. Please provide your assessment of the applicant's aptitude for graduate study, with specific reference to academic performance, intellectual ability, communicative skills, and motivation. Your letter of recommendation should be on letterhead paper and sent to us at the above address. Please return this form, signed by the applicant, with your letter.

Recommender's Name:

Title:

Address: