



**GRADUATE SCHOOL OF BIOMEDICAL SCIENCES**

University of Medicine & Dentistry of New Jersey

*At New Jersey Medical School*

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

**APPLICATION FOR ADMISSION – Ph.D. Program(s)**

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

(The application fee will be waived for citizens or permanent residents of the United States applying for academic year 2006-2007)

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  Spring  
(year)

2.  Full time  Part time

**Required documents**  
- GREs  
- 3 letters of recommendation  
- Official transcript(s) showing award of degree date

3. Program Selection: Please indicate first and second choices.

- |  |   |  |   |
|--|---|--|---|
| ____ Biomedical Engineering<br>(joint w/ NJIT)     | ____ Biomedical Sciences<br>(Interdisciplinary) | ____ Biochemistry &<br>Molecular Biology | ____ Cell Biology &<br>Molecular Medicine |
| ____ Integrative Neuroscience<br>(joint w/Rutgers) | ____ Microbiology &<br>Molecular Genetics       | ____ Molecular Pathology &<br>Immunology | ____ Oral Biology                         |
| ____ Pharmacology &<br>Physiology                  |   |  |   |

4. Name \_\_\_\_\_  
(Last) (First) (Middle)

5. Current address \_\_\_\_\_  
street city state zip

Phone \_\_\_\_\_ If NJ resident, how long \_\_\_\_\_ County \_\_\_\_\_

6. Permanent legal address \_\_\_\_\_  
street city state zip

Phone \_\_\_\_\_ If NJ resident, how long \_\_\_\_\_ County \_\_\_\_\_

7. Email address: \_\_\_\_\_ 8. Citizenship \_\_\_\_\_

9. For foreign nationals in the United States:  Visa (type) \_\_\_\_\_  Permanent Resident

When did you arrive in the U.S.A. \_\_\_\_\_  
month year

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: \_\_\_\_\_

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

Institution	Location	Attended From	To	Degree Sought	Date Expected or Received

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

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

14. Indicate scores on the Graduate Record Examination (GRE) (may not be required for MD/PhD or DMD/PhD applicants)

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? \_\_\_\_\_

14a. TOEFL scores (required for all foreign applicants): \_\_\_\_\_

15. List scientific publications, academic awards, prizes, and memberships in honorary or professional societies (attach additional pages if necessary).

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**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)

UMDNJ does not discriminate in admissions or access to its programs and activities on the basis of race/color, ethnicity, national origin, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

