ALBANY MEDICAL COLLEGE
Application for admission to the Graduate Studies Program
Enter Program Beginning September 20___

Name of applicant:

Prefix Last Name First Name MI Suffix (ie. Jr., Sr.)

___________________________________________________________________________________________________________________________

Other name(s) of applicant that may appear on credentials

Present address until _________________20___ Permanent Home Address_____________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

Phone (      ) ____________________________ Phone (      ) ____________________________

Fax (      ) ______________________________ Fax (      ) ______________________________

E-mail __________________________________ Email________________________________

Are you a citizen of the United States? _______ If not, state Visa Classification? __________

To which program are you applying? (check one)

_____ Cardiovascular Sciences

_____ Cell Biology & Cancer Research

_____ Immunology & Microbial Disease

_____ Neuropharmacology & Neuroscience

Describe your area(s) of interest in biomedical science______________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Degree Desired: M.S. _______

Ph.D. _______
GRADUATE RECORD EXAM SCORES:
Date Taken ____________ VERBAL _____ QUANTITATIVE _____ ANALYTICAL _____

SUBJECT AREA (not required) ________________ SCORE ______

If not taken, date you plan to take the test __________________

TOEFL Total Score (Foreign applicants) _________

What was the source of information that led to your interest in graduate studies and research in the Graduate Studies Program at Albany Medical College? ____________________________________________

________________________________________________________________________________

________________________________________________________________________________

EDUCATIONAL BACKGROUND:
List in chronological order all undergraduate, graduate and professional schools attended.

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<tr>
<th>Name of School</th>
<th>Major</th>
<th>Minor</th>
<th>Month</th>
<th>Year</th>
<th>Degree</th>
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Academic Honors or Honorary Organizations __________________________________________

________________________________________________________________________________

________________________________________________________________________________

Previous Research Experience (use extra pages if necessary) _________________________________

________________________________________________________________________________

________________________________________________________________________________

Publications or Patents _______________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
EMPLOYMENT RECORD:
List in chronological order

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<th>Employer</th>
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<th>Position</th>
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Describe in detail any of the above positions that are pertinent to this application. Use extra pages if necessary

________________________________________________________________________

________________________________________________________________________

REFERENCES:
Give names and addresses of at least two individuals that can speak to the applicant’s academic and research potential.

1) __________________________________________

2) __________________________________________

STATEMENT OF PURPOSE:
In an accompanying statement of 500 words or less give your reasons for wanting to pursue graduate study, and the relationship of this study to your career goals.

________________________________________________________________________

Have you ever been convicted of a felony or misdemeanor? □ Yes* □ No
*If the answer to this question is yes, please explain fully. Attach an additional page.

OPTIONAL INFORMATION:
Are you a minority applicant? Yes_________ No_________


The Albany Medical College Graduate Studies Program is committed to the belief that educational opportunities should be available to all qualified persons without regard to race, creed, color, age, sex, religion, marital status, handicap or national origin. Our policies, practices and procedures reflect and support this belief.

I certify that the information I submit in this application is complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or any omission of requested information may be cause for terminating me from the program at any time. I authorize Albany Medical College to consult with other institutions and persons in order to verify any information in this application, or to obtain information, which may be pertinent to the evaluation of my application. I release from liability all individuals and institutions that provide information to Albany Medical College in connection with this application. I also release from liability Albany Medical College for acts performed in connection with the evaluation of this application.

Signature of applicant ___________________________ Date ________________

Please review application procedure outlined on the following page
ALBANY MEDICAL COLLEGE
GRADUATE STUDIES PROGRAM
APPLICATION PROCEDURE

1. Answer each of the foregoing questions. Incomplete applications will not be considered.

2. The Graduate Record Examination (General Aptitude Test), is required. Please direct the Educational Testing Service to forward the scores to the Office of the Graduate Studies Program, Albany Medical College.

3. Request each college, graduate and/or professional school you have attended to submit complete official transcripts of your record to the Office of the Graduate Studies Program, Albany Medical College. These transcripts must be sent promptly and must come from the Records Office of each College, not from the applicant. It is the responsibility of the applicant to have all subsequent transcripts forwarded when available.

4. Letters of recommendation should be sent directly to the Office of the Graduate Studies Program.

5. Please submit any additional information that might be useful in assessing your qualifications.

For further information concerning admission, address or telephone:

Office of the Graduate Studies Program
Albany Medical College, MC-16
Albany, New York 12208-3479
Phone: 518-262-5253
E-mail: Graduate-Studies@mail.amc.edu

PLEASE DO NOT WRITE IN THE SPACES BELOW

Applications will be “complete” when the following items have been received:

1. Completed Application Form ________________ 4. Graduate Record Score ________________
2. 500 word statement ________________ 5. Transcript(s) ________________
3. Recommendations ________________ 6. International Supplement (if applicable) ________________

Letter of Acceptance or Rejection Sent __________________________________________________________________

Applicant Decision: Accepted ________________ Declined ________________

Revised 2/2007