



# 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.)
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\_\_\_\_\_

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.

Name of School	Major	Minor	Month	Year	Degree

Academic Honors or Honorary Organizations \_\_\_\_\_

Previous Research Experience (use extra pages if necessary) \_\_\_\_\_

Publications or Patents \_\_\_\_\_

**EMPLOYMENT RECORD:**

List in chronological order

Employer	City & State	Position	From	To

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 \_\_\_\_\_

If yes, how do you describe yourself? Black \_\_\_\_\_, American Indian \_\_\_\_\_,  
Mexican American \_\_\_\_\_, Mainland Puerto Rican \_\_\_\_\_, Pacific Islander \_\_\_\_\_, Other \_\_\_\_\_

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

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**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 _____<br>(if applicable) |

Letter of Acceptance or Rejection Sent \_\_\_\_\_

Applicant Decision: Accepted \_\_\_\_\_ Declined \_\_\_\_\_