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

Name of applicant:

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<thead>
<tr>
<th>Prefix</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Suffix (ie. Jr., Sr.)</th>
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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.

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<thead>
<tr>
<th>Name of School</th>
<th>Major</th>
<th>Minor</th>
<th>From</th>
<th>To</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

<table>
<thead>
<tr>
<th>Employer</th>
<th>City &amp; State</th>
<th>Position</th>
<th>From</th>
<th>To</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__________
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

PLEASE DO NOT WRITE IN THE SPACES BELOW

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

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

Letter of Acceptance or Rejection Sent ____________________________

Applicant Decision: Accepted Declined

Revised 6/2002
ALBANY MEDICAL COLLEGE
GRADUATE STUDIES PROGRAM

INTERNATIONAL APPLICANT SUPPLEMENTAL FORM

(To be completed by all non-U.S. citizens in addition to standard AMC Graduate Studies Program Application.)

APPLICANT: ____________________________________________

family name                                      given name

CENTER/PROGRAM TO WHICH APPLICANT IS APPLYING ______________________

____________________________________________________________________

DEGREE DESIRED:  M.S.__________________OR Ph.D.________________________

Current Address: __________________________________________________________

___________________________________________________________________________

___________________________________________ ________________________________

Country of Citizenship__________________Native Language________________________

Current Visa Status:

Year of Immigration to U.S. (if applicable)_____________________________________

Type of Temporary Non-Immigration Visa:_______________Visa #___________________

Will You Require An F-1 (Student) Visa? _____Yes    _____No

TOEFL & GRE Scores are required of all applicants. To receive an application or submit official scores, write to: Educational Testing Service, Princeton, NJ 08541. Use code #2947 for the Albany Medical College.

GRE Scores:
Verbal _______________, Quantitative _______________, Analytical _________________

DATE Taken ____________________ GRE Date To Be Taken________________________

TOEFL Score: ____________ DATE Taken___________

TOEFL Date To Be Taken__________
If Married, Will Your Spouse or Children Accompany You to U.S.?

_______Spouse _______Children       Total Number of Dependents__________________

If you are not awarded a stipend, you will be required to document the source of your financial support while in the United States. This can be done by submitting a certified bank statement or letter of commitment of support from a benefactor, or other documentation. The following information will be kept on file in the event you do not receive a stipend.

Indicate Source of Your Financial Support for Tuition and Living Expenses:___________
_________________________________________________________________
_________________________________________________________________
Name of Person or Organization__________________________________________

Relationship (If Any)_______________________Occupation_________________________

If you are interested further in our graduate program please complete this International Application Supplemental Form and submit the $60 application fee along with official transcripts. Certified English translations are required for all official transcripts that are not in English as well as credit hour equivalents, and an explanation of the grading system. All transcripts must be on official paper and certified.

Submit to:  Graduate Studies Program MC-16
Albany Medical College
47 New Scotland Avenue
Albany, NY 12208-3479

Upon receipt of these items we will send you additional application materials for the Graduate Studies Program.

"I CERTIFY THAT THE INFORMATION I SUBMIT ON THIS FORM 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."

DATE:_________________         ________________________________________________
(SIGNATURE OF APPLICANT)
RECOMMENDATION FOR
THE GRADUATE STUDIES PROGRAM
at ALBANY MEDICAL COLLEGE

(Applicant’s Name) (Social Security Number)

(Applicant’s Signature)

Degree Desired: MS PhD

(Center)

_____ Has waived right of access to evaluation
_____ Has not waived right of access to evaluation

(APPLICANT must provide all above information including “right to access” choice. If one of the above has not been indicated, the recommendation will be treated as Confidential.)

RECOMMENDER: ________________________________

(Recommender’s Name & Title)

The above-named person is applying to the Graduate Studies Program and requests your evaluation to assist in their application. This evaluation is in two parts, the grid below and your narrative comments. The original of your evaluation will be retained in the applicant’s file in the Graduate Studies Program Office. We appreciate your assistance.

(Please rate the applicant in comparison with others applying for professional graduate education)

<table>
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<th>Your Estimate of the Student:</th>
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<th>TOP 50%</th>
<th>BELOW 50%</th>
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—OVER—

Please return this form to:
Graduate Studies Program MC-16
Albany Medical College
47 New Scotland Avenue
Albany, NY 12208-3479
Describe your association with the Applicant. Please give your candid evaluation of this applicant, including observations of the applicant’s intellectual ability, academic performance, character and promise for advanced graduate study. Please identify the strengths and any potential weaknesses that should be considered in evaluating the Applicant’s potential as a Biomedical Scientist/Health Professional. Please type your comments in the space provided below.

_______________________________________________________________________________________________

NAME & TITLE (Please Type)   DEPARTMENT AND/OR ADDRESS
_______________________________________________________________________________________________

___________________________  _____________________________    ____________________________
TELEPHONE NUMBER     FAX NUMBER     E-MAIL ADDRESS

_________________________________________ ________________________
SIGNATURE             DATE
RECOMMENDATION FOR
THE GRADUATE STUDIES PROGRAM
at ALBANY MEDICAL COLLEGE

(Applicant’s Name)  (Social Security Number)

(Applicant’s Signature)

Degree Desired:  MS  PhD

(Center)

______ Has waived right of access to evaluation  ______ Has not waived right of access to evaluation

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NAME & TITLE (Please Type)  DEPARTMENT AND/OR ADDRESS

_________________________________________  ____________________________
TELEPHONE NUMBER                FAX NUMBER                E-MAIL ADDRESS

_________________________  ____________________________  ____________________________
SIGNATURE                   DATE