



Application for Admission

Please consider my application for: Summer 20__

Have you previously applied to Emory University? Yes No

Name Last First Middle Previous

Present Address: Home Address (if different): Number and Street City/Town State Zip Code Country

Home Telephone () Business/Cell Telephone ()

E-mail address Gender: Male Female

Social Security Number Birthdate Month / Day / Year

Citizenship: U.S. Immigrant, permanent resident List alien number International (country of citizenship and country of birth) Non resident alien (country of citizenship)

Type of Visa requested? F1 F2 Current Visa Type?

Language spoken at home?

Ethnicity: Are you Hispanic or Latino? Yes No

Please select one or more races from the following five racial groups:

- African American, Black American Indian or Alaskan Native Asian White Native Hawaiian or Pacific Islander

List all colleges, universities, graduate and professional schools you have attended. A transcript is required from each school.

	Name of Institution	Location	Dates of Attendance	Certificate/ Degree	Date Degree Awarded/Expected
Undergraduate Universities Or Colleges					
Graduate Universities Or Colleges					

Required Prerequisites

	Course #/Title	Institution	Semester or Qtr/Year	Grade
Biochemistry				
Psychology				
Genetics				
Statistics				

List your employment/volunteer record below (most recent experience first).

Organization	Position	Dates of Employment	Supervisor (name/phone/email)

Persons providing letters of recommendation: (see website for requirements)

Name	Relationship	Institution/Profession

GRE (General): Test Date _____

GRE (Subject _____): Test Date _____

Have you ever been arrested for or convicted of any offense other than a minor traffic offense? Yes No
If yes, explain on an attached sheet

I understand that failure to submit all required materials will eliminate my application from consideration. I further understand that providing false information is just cause for my dismissal from the University if accepted. If I am accepted I agree to abide by the rules and regulations of the University.

Name (print)

Date

Signature

Please mail this completed and signed form, along with the additional required application materials and a \$60 application fee (payable to Emory University) to:

Genetic Counseling Training Program
Emory University School of Medicine
Department of Human Genetics
Whitehead Building, Suite 301
615 Michael Street
Atlanta, GA 30322

Questions regarding applications should be directed to:

Christi Bell
Ph: 404-727-5979
Fax: 404-727-3949
gcprogram@emory.edu

Emory University is committed to a policy of nondiscrimination on the basis of race, color, creed, sex, national or ethnic origin, handicap, age or veteran's status.