



Weill Cornell Medical College



Clinical & Translational Science Center

A Multi-Institutional Consortium

Cornell University, Ithaca

Cornell University Cooperative Extension, New York City

Hospital for Special Surgery

Hunter Center for Study of Gene Structure and Function

Hunter-Bellevue School of Nursing

Memorial Sloan-Kettering Cancer Center

1300 York Ave, Box 149, New York, NY 10065 • Tel: 212-746-4745 • Fax: 212-746-8922 • www.med.cornell.edu/ctsc

Joan and Sanford I. Weill Graduate School of Medical Sciences

Instructions for Application to the Master's Degree Program in Clinical Investigation

(Please read instructions carefully before completing this application form.)

1. Applicants for admission must be graduates of an approved college or university and must show evidence of fitness for advanced work as indicated by their scholastic records, training, and experience.

All documents, including translations of documents, must be official, i.e., must bear original signatures and seals. All application forms and supporting documents must be mailed to the Weill Graduate School of Medical Sciences (no faxes).

Final action on applications will not be taken until the following supporting documents have been received:

- a. **Complete official transcripts** of all previous college and university work, including summer schools. A final transcript must be supplied after the completion of current degree requirements.
 - b. **Three letters of recommendation**, submitted in signed and sealed envelopes, from professors or other professionals in a position to judge the applicant's preparation and fitness for graduate work in the proposed program of study. Please use recommendation form provided with application.
 - c. **Curriculum Vitae** with the most current educational, professional and research history, and experience. Please include bibliography if applicable.
 - d. **Career statement of career goals and objectives.**
2. An application fee of \$90, payable by check or money order to the CTEP c/o Weill Graduate School of Medical Sciences of Cornell University, must accompany application.
 3. Mail application and all supporting materials to:

My Linh H. Nguyen-Novonty
Weill Graduate School of Medical Sciences
of Cornell University
Clinical and Translational Education Program
525 East 68th Street, F-2006, Mailbox 149
New York, NY 10065

APPLICATION DEADLINE: May 2, 2008

CTSC APPLICATION FOR ADMISSION

Do not write in this space.

Joan and Sanford I. Weill Graduate School of Medical Sciences of Cornell University
525 East 68th Street, F-2006, Mailbox 149 - New York, NY 10065
Tel: (212) 746-4745 Fax: (212) 746-3086
Website: <http://www.med.cornell.edu/clinicalresearch>

Application deadline: May 2, 2008

Please Type or Print - Black Ink Only.

Name: _____ WMC Employee ID#: _____
Last (Family) First Middle

Current Mailing Address:

Number and Street City State Zip Code Country

Home Telephone: _____ Work Telephone: _____
Area code Area code Ext.

Permanent Mailing Address:

Number and Street City State Zip Code Country

CWID E-mail/
E-Mail Address: _____

U.S. Permanent Resident: Yes No

Permanent Telephone Number: _____
Area code

Date of Birth: _____ Birthplace: _____ Citizenship: _____
Month/Day/Year City and Country Country

The United States Department of Education requires Cornell University to report on the racial/ethnic composition of its student body. Self-identification is entirely voluntary.

- Asian Black, Non-Hispanic Hispanic Mexican-American Native-American, Native-Alaskan
 Pacific Islander Puerto Rican White, Non-Hispanic Other

Degree sought: Certificate in Clinical Investigation only Master of Science in Clinical Investigation Year of admission: Fall _____

Undergraduate college from which you received B.S. or B.A. degree:

Institution Campus/Location Entering Date Leaving Date Degree Major Science GPA Cumulative GPA

Current graduate or professional school in which you are enrolled:

Institution Campus/Location Entering Date Leaving Date Degree expected/received Major Cumulative GPA

Current Employment: _____
Starting Date Title of Position Nature of Work

Institution Employer/Supervisor Telephone Number

If you have taken the Graduate Record Examination, please give date: _____

GRE scores, if known: Verbal: _____ Quant.: _____ Analytical Writing: _____

(Subject Test is not required) Subject Test: _____ Subject: _____
Native Language: _____ If your native language is not English, when did you or will you take the TOEFL? _____

Score, if known: _____

If you have taken the Medical College Admission Test, please give date: _____

MCAT scores, if known: Verbal: _____ Phys. Sc.: _____ Writing: _____ Biol. Sci.: _____

If you have attended educational institutions other than those listed on page 1, please list them below:

<i>Institution</i>	<i>Campus/Location</i>	<i>Entering Date</i>	<i>Leaving Date</i>	<i>Degree Received</i>	<i>Major</i>	<i>Date of Degree</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either scholarship or conduct? *If yes, please explain:*

Academic honors, fellowships, scholarships and other awards you have received:

Publications:

Work experience other than that listed on page 1 (list most recent position first):

1.

Dates	Title of Position	Nature of Work
Institution	Employer/Supervisor	Telephone Number

2.

Dates	Title of Position	Nature of Work
Institution	Employer/Supervisor	Telephone Number

Names and addresses of three professors or other professionals who are acquainted with your academic work:

1.	_____	_____
	Name and Title	E-mail Address
	_____	_____
	Address	Telephone Number
2.	_____	_____
	Name and Title	E-mail Address
	_____	_____
	Address	Telephone Number
3.	_____	_____
	Name and Title	E-mail Address
	_____	_____
	Address	Telephone Number

CLINICAL RESEARCH EXPERIENCE, OTHER RESEARCH INTERESTS AND/OR EXPERIENCE:

On page 4 of this application or on a separate page, please provide a concise description of any clinical research experience and other research interests and/or experiences. Please include a proposed scientific thesis, if known. (Your essay should be typed, single-spaced, using a font no smaller than 12 point.)

CAREER STATEMENT:

On page 4 of this application or on a separate page, please provide a one paragraph essay describing your career goals and objectives and how this program would help you meet them. (Your essay should be typed, single-spaced, using a font no smaller than 12 point.)

I certify that the information contained in this application is complete and accurate. I understand that submission of inaccurate information may be sufficient cause for denial of admission or termination of enrollment.

Signature: _____ Date: _____

DO NOT WRITE IN THIS SPACE.

CLINICAL RESEARCH EXPERIENCE, OTHER RESEARCH INTERESTS AND/OR EXPERIENCE:

Empty rectangular box for clinical research experience, other research interests, and/or experience.

CAREER STATEMENT:

Empty rectangular box for career statement.

Please Return To:

Joan and Sanford I. Weill Graduate School of Medical Sciences of Cornell University
c/o Clinical and Translational Educational Program
525 East 68th Street, F-2006, Mailbox 149
New York, NY 10065

RECOMMENDATION

To be completed by applicant (please print or type):

Last Name First Name Middle Name

Proposed Program of Study Term and Year

AGREEMENT RESPECTING CONFIDENTIALITY

I waive ___ I do not waive ___ my right to access to this recommendation form under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.A. par. 1232g(a)(1). I understand that this form will be used by the Weill Graduate School of Medical Sciences solely in its procedures relating to admission.

Signature of applicant Date

The person above is applying for admission to the Clinical and Translational Education Program (CTEP) provided at Weill Graduate School of Medical Sciences of Cornell University. Please complete the form below and indicate on the form or in an additional letter, your estimate of the applicant's aptitude for graduate study. This should include an evaluation of scholastic achievement, emotional maturity, ability to do research and promise of professional success.

The extent of my acquaintance with the applicant is

I rank the applicant among other students in recent years (check one):

- Top 2% Top 5% First Quarter Second Quarter Lower Half

As a graduate student the applicant is likely to be (check one):

- Outstanding Well above average, but not outstanding Above average Average Unsuccessful

My evaluation of the applicant, based on the criteria listed above (please continue on another page if needed):

Name of Recommender Title Institution

Address Telephone

Address E-mail Address

Signature of Recommender Date