



MOUNT SINAI  
SCHOOL OF  
MEDICINE

GRADUATE  
SCHOOL OF  
BIOLOGICAL  
SCIENCES

## Summer Undergraduate Research Program

One Gustave L. Levy Place, Box 1022, New York, NY 10029-6574  
www.mssm.edu/gradschool grads@mssm.edu  
☎ 212.241.6546 📠 212.241.0651

### APPLICATION FOR ADMISSION

Return application, original official transcript and two letters of recommendation to:

Graduate School of Biological Sciences  
Mount Sinai School of Medicine  
Summer Undergraduate Research Program  
One Gustave L. Levy Place, Box 1022  
New York, New York 10029-6574

**CLOSING DATE FOR ALL MATERIALS IS FEBRUARY 1. Please type all answers**

Name \_\_\_\_\_ Gender  Male  
 Female  
Last First Middle Social Security #

Date of Birth \_\_\_\_\_ US Citizen  Yes  No; Alien Registration # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_ Permanent address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

**Optional Question** Information on ethnicity is being collected to meet federal reporting requirements. It is confidential and will not be released except in the form of statistical summaries in which individuals will not be identified. Response is voluntary and has no bearing on either admission or academic decisions. Which category best describes you?

- White, Non-Hispanic       Black, Non-Hispanic       American Indian or  
 Puerto Rican       Pacific Islander      Native Alaskan  
 Hispanic, other       Other (please specify) \_\_\_\_\_

**Academic Information**

I am a  Freshman  Sophomore  Junior at \_\_\_\_\_ College/University

My major is \_\_\_\_\_ List all science and math courses completed \_\_\_\_\_

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Overall GPA \_\_\_\_\_

Science & Math GPA \_\_\_\_\_

Which type of Program do you plan to apply in the future?  PhD  MD/PhD  MD

Do you have any laboratory research experience?  yes  no If yes, how long? \_\_\_\_\_

Institution where research was conducted \_\_\_\_\_

Area(s) of research experience \_\_\_\_\_

Area(s) of research interest (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Molecular modeling and structural biology          | <input type="checkbox"/> Gene expression & molecular developmental biology |
| <input type="checkbox"/> Rational drug design                               | <input type="checkbox"/> Molecular signaling                               |
| <input type="checkbox"/> Biophysics & physiology of channels & transporters | <input type="checkbox"/> Virology  |
| <input type="checkbox"/> Gene mapping & transgenic models of human diseases | <input type="checkbox"/> Microbial pathogenesis & antimicrobial strategies |
| <input type="checkbox"/> Genomics   | <input type="checkbox"/> Oncogenes & tumor suppressor genes                |
| <input type="checkbox"/> Gene therapy                                       | <input type="checkbox"/> Neurobiology of development, learning & aging     |
| <input type="checkbox"/> Immunobiology                                      | <input type="checkbox"/> Sensory transduction                              |
| <input type="checkbox"/> Cancer biology                                     | <input type="checkbox"/> Computational biomedicine                         |
| <input type="checkbox"/> Molecular & developmental cardiology               | <input type="checkbox"/> Molecular and developmental cardiology            |
| <input type="checkbox"/> Cellular adhesion & organelle trafficking          | <input type="checkbox"/> Neurodegenerative diseases                        |

**Additional application materials which must accompany this Form**

1) **Current transcript** Please request an official transcript to be sent as soon as possible. Date transcript requested \_\_\_\_\_

2) **Personal Statement** Please submit one single-spaced type-written page discussing, in your own words, your education, research experience, academic and professional plans, and reasons for applying to this Program. Please include your name and Social Security number on the page.

3) **Letters of Recommendation** Please submit two letters of recommendation, in sealed/signed envelopes, with this application. These letters should be from faculty members who are familiar with your coursework, and if applicable, with your laboratory work. The two references are:

\_\_\_\_\_

**Waiver of Right of Access** You have a right of access to any recommendations provided by any of the personal references you have listed. You may waive this right by signing below where indicated. If you waive this right, you may request to be notified of the names of all persons making confidential recommendations but the recommendations themselves will not be shown to you or your parents. You are not required to execute this waiver as a condition for admission, receipt of financial aid, or receipt of any other services or benefits from the college. If you do not sign this waiver, any of the listed personal references who may be contacted for a written reference will be advised that you may see and have copies made of any written references provided by them.

I hereby waive my rights of access to any recommendations provided by the personal references I have listed.

**I certify that the information entered on this application is complete and correct. I understand that omission or falsification of information may constitute grounds for denial of admission or dismissal.**

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Applicant's Signature

Date