

**Brown University- Graduate School
Application for Admission
Master of Medical Science Program**

Year and Semester for start of graduate studies: _____ M.D. Class Year: _____

- For use by students who have been accepted into the Brown University Program in Medicine or the Program in liberal medical Education.

Proposed Graduate Program (choose one):
In the Division of Biology and Medicine

- _____ Artificial Organs, Biomaterials and Cellular Technology
- _____ Biomedical Engineering
- _____ Ecology and Evolutionary Biology
- _____ Biostatistics and Epidemiology
- _____ Molecular Biology, Cell Biology, and Biochemistry
- _____ Molecular Pharmacology and Physiology
- _____ Neuroscience
- _____ Pathology
- _____ Graduate Program at Brown University outside of the Division of BioMed
(please name) _____

1. Name _____ 2. Student SIS# _____

3. Marital Status _____ 4. Sex: M _____ F _____

5. Current Mailing Address _____

6. Permanent Mailing Address _____

7. Current and Permanent Phone Number _____

8. Date of Birth _____ 9. Place of Birth _____

10. Academic average since entering Brown University _____

11. Undergraduate concentration _____

12. Academic average in concentration _____

13. List all University prizes and premiums awarded _____

14. In about 500 words, describe your proposal for graduate research.
(use pages at end of application)
15. In about 250 words, describe how your proposed graduate work will relate to your professional goals. (use pages at end of application)
16. Enclose a memo from a faculty member of a Graduate Program stating that he/she will supervise your graduate work. See the Director of the Program of your interest for names of eligible faculty.
17. Attach transcripts of all academic work to date.

Student signature Date

Return to: Nancy Thompson
Associate Dean for Graduate and Postdoctoral Studies
Box G-A126, Brown University
(401) 863 - 3281