

Medical Pharmacology and Physiology

University of Missouri-Columbia

Graduate Program Application Form

To apply for admission, complete this form and mail or fax it to: **Dept. of Medical Pharmacology and Physiology, MA415 Health Sciences Center, University of Missouri, Columbia, MO 65212.** Upon acceptance by the department, you must complete and return the Graduate School application. Questions? call 573-882-4957 Fax 573-884-4276 *To complete your application, we must have all your official college transcripts and GRE scores. If applicable, we must also have your official TOEFL score.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Citizenship</i>	<i>Current Address</i>	<i>Permanent Address</i>
<i>Social Security Number</i>		
<i>Date of Birth (month/day/year)</i>		
	<i>Valid Until:</i>	
<i>E-Mail address(if available)</i>		<i>Fax number with area code (if available)</i>
<i>Telephone numbers with area codes</i>		
Day (Current)	Night (Current)	Permanent

<p>The information below is optional for U.S. citizens. The data will be used ONLY for state, federal, and institutional reporting and not to determine admission.</p> <p>(1) ETHNIC ORIGIN (If you are a non-citizen, permanent U.S. resident you MUST designate an ethnic origin):</p> <p>___ <i>American Indian or Alaskan Native</i></p> <p>___ <i>Asian or Pacific Islander</i></p> <p>___ <i>White, non-Hispanic</i></p> <p>___ <i>Hispanic</i></p> <p>___ <i>Black, non-Hispanic</i></p> <p>(2) VISA TYPE (if applicable): ___F ___J</p> <p>(3) GENDER: ___Female ___Male</p> <p>(4) MARITAL STATUS: ___Single ___Married</p>	<p>Have you taken the Graduate Record Exam (GRE)?</p> <p>YES: Date Taken (M/D/Y) _____</p> <table border="1"><thead><tr><th></th><th>score</th><th>% below</th></tr></thead><tbody><tr><td>Your Scores</td><td></td><td></td></tr><tr><td>verbal</td><td>_____</td><td>_____</td></tr><tr><td>quantitative</td><td>_____</td><td>_____</td></tr><tr><td>analytical writing</td><td>_____</td><td>_____</td></tr><tr><td>subject score (if taken):</td><td>_____</td><td></td></tr><tr><td>subject area:</td><td>_____</td><td></td></tr></tbody></table> <p>Official scores must be sent to: Department (address above)</p> <p>NO: When will you take it? (M/D/Y) _____</p>		score	% below	Your Scores			verbal	_____	_____	quantitative	_____	_____	analytical writing	_____	_____	subject score (if taken):	_____		subject area:	_____		<p>If you are a non-English speaking foreign national and have not yet attended an English-speaking university, have you taken the TOEFL exam?</p> <p>___Yes: Date Taken (M/D/Y) _____</p> <p>Your score: _____</p> <p>Have your official scores sent to:</p> <p>MU International Admissions Office</p> <p>230 Jesse Hall</p> <p>University of Missouri</p> <p>Columbia, MO 65211</p> <p>NO: When will you take it? (M/D/Y)</p> <p>_____</p>
	score	% below																					
Your Scores																							
verbal	_____	_____																					
quantitative	_____	_____																					
analytical writing	_____	_____																					
subject score (if taken):	_____																						
subject area:	_____																						

Faculty member(s) of primary research interest	Research areas in which you are interested
1. _____	
2. _____	
3. _____	Degree you are seeking
4. _____	M.S. _____
5. _____	Ph.D. _____

[illegible]

<i>Graduate Education</i>	<i>City/State</i>	<i>Degree</i>	<i>Dates Attended</i>	<i>GPA</i>

Membership in honor societies or learned and professional societies

Scholarships, prizes, honors or other recognitions

<i>Experience (teaching, research, business, etc. Account for time since beginning undergraduate academic training.)</i>		
<i>Institution or organization:</i>	<i>Nature of work:</i>	<i>Dates:</i>

<i>Please list key courses taken</i>			
<i>Course Subject</i>	<i>Course Number/Title</i>	<i>Grade</i>	<i>Semester Taken</i>
Molecular Biology			
Cell Biology			
Biochemistry			
Organic Chemistry			
Genetics			
Calculus			
Physics			
Physiology			
Pharmacology			
Other			

<i>Please list the names, addresses, and telephone numbers of the three persons to whom you have given the enclosed three reference forms. Each reference should be well acquainted with you and your academic ability.</i>		
<i>Reference #1</i>	<i>Reference #2</i>	<i>Reference #3</i>
<i>Telephone # with area code</i>	<i>Telephone # with area code</i>	<i>Telephone # with area code</i>

Have you applied to any other graduate programs within this university or other universities?

On a separate sheet of paper, write a statement about why you have chosen Medical Pharmacology and Physiology for your graduate study. Describe your professional and career goals; your plans regarding professional school; and or your goals for industrial or academic employment. Attach the sheet to this form and return.

Date You Wish to Enroll

m/yr

I hereby certify that the information I have provided on this form is truthful and accurate to the best of my knowledge

Your Signature

Date

To be considered for Life Sciences Fellowship support, this application and all accompanying materials (references, transcripts, etc.) must be received by February 1. Mail to: Director of Graduate Studies, Dept. of Medical Pharmacology and Physiology, MA415 Medical Sciences Building, University of Missouri, Columbia, MO 65212 or Fax to: (573) 884-4276.

The U. of Missouri does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, or status as a disabled veteran of the Vietnam era. For more information, call Human Resource Services at (573) 882-4256 or the U.S. Dept. of Education, Office of Civil Rights. This publication is available in accessible formats. Please call (573) 882-4544.

Medical Pharmacology and Physiology

University of Missouri-Columbia Graduate Program Reference Form

Instructions to the applicant: Complete lines 1-4. Please print clearly. You **may** sign line 5 if you wish to waive your right of access to this letter. This is OPTIONAL. Give this form to a person well acquainted with you and your academic abilities. **Do not write below the double line.**

1.	<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Name:</i>
2.	<i>Area(s) of primary interest:</i>		
3.	<i>Area of undergraduate emphasis:</i>		
4.	<i>Current area of graduate emphasis (if applicable):</i>		
5.	<i>OPTIONAL: Your signature here waives your rights of access to this confidential recommendation as provided in the Educational Rights Act of 1974</i>		<i>date:</i>

Instructions to the writer: Please complete lines 6-11 below and state in a separate letter on official letterhead your opinion of the applicant's 1 ability to carry on advanced study and research, 2 written and oral communication skills, and 3 personal attributes including integrity, perseverance, ability to work with others, and teaching potential. If the applicant has signed line five above, the confidentiality of this letter is assured.

6.	<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Name:</i>
7.	<i>Position:</i>	<i>Institution</i>	
8.	<i>Mailing Address</i>		
9.	<i>E-mail Address</i>		
10.	<i>Ranking</i> Among approximately _____ students I have known in this field in recent years, I would rank this applicant in the upper _____ percent.		
11.	<i>Signature:</i>	<i>date:</i>	

Mail to: Director of Graduate Studies, Medical Pharmacology and Physiology, M517B HSC, University of Missouri, Columbia, MO 65212. Or fax to: 573/884-4558. If you have any questions, call 573/882-7186.

The University of Missouri does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, or status as a disabled veteran or veteran of the Vietnam era. For more information call Human Resource Services at 573/882-4256 or the U.S. Dept. of Education, Office of Civil Rights. This publication is available in accessible formats. Please call 573/882-4554.