

**JOAN AND SANFORD I. WEILL GRADUATE SCHOOL OF
MEDICAL SCIENCES OF CORNELL UNIVERSITY**

APPLICATION FOR ADMISSION

Master of Science Program in Clinical Epidemiology and Health Services Research

1300 York Avenue, Box #46

New York, NY 10065, USA

Tel: (646) 962-5050 Fax: (646) 962-0620

Instructions for Application for Admission

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. Do not fax application form or supporting documents; only correspondence can be faxed.

No final action can be taken on applications until the following supporting documents have been reviewed:

- 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. At least two letters of recommendation from professors or other professionals with knowledge of the applicant's abilities in the areas of academic aptitude and achievement and/or in carrying out professional work and responsibilities.
 - c. *Official* GRE score reports (Verbal, Quantitative, Analytical and Advanced); *Official* MCAT score reports (Verbal, Quantitative, Analytical and Advanced); *Official* TOEFL score report if English is not native language. These reports must be sent *directly* to the Graduate School of Medical Sciences by the Educational Testing Service, Princeton, NJ. (If the applicant has an M.D. degree – this requirement is waived.)
 - d. A personal statement: Please provide a concise description of your research experience and research interests. (Your essay should not exceed one typed page, single-spaced, and using a font not smaller than 12 points.)
 - e. An updated curriculum vitae.
2. An application fee of \$60, payable by check or money order to Weill Graduate School of Medical Sciences of Cornell University, must accompany this application form.
 3. Mail this application and have all supporting materials forwarded to the above address.

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

List standardized exams you did/will take and scores if known. Official scores should be sent directly to the Admissions Office by the testing service(s).

Exam	Date	Total Score	Verbal	Quantitative	Analytical
GRE	_____	_____	_____	_____	_____
MCAT	_____	_____	_____	_____	_____
TOEFL	_____	_____	_____	_____	_____
Other Specify	_____	_____	_____	_____	_____

Publications: _____

Relevant research and/or work experience other than that listed in the **Work Experience** section.

Dates	Title of Position	Nature of Work
_____	_____	_____
_____	_____	_____

Professional licenses: _____

Work Experience: List work in reverse chronological order.

Name and Address of Employer	Occupation or Position Title	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? YES ___ NO ___
 If yes, explain:

List the names of three (3) individuals who are acquainted with your clinical and/or academic achievement. Please arrange to have at two (2) these individuals send letters of reference.

NAME AND TITLE	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Statement: Please provide a concise description of your research experience and research interests. (Your essay should not exceed one typed page, single-spaced, and using a font not smaller than 12 points.)

Curriculum Vitae: Please provide an updated curriculum vitae.

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

Signature: _____ Date: _____

PLEASE RETURN TO

**JOAN AND SANFORD I. WEILL GRADUATE SCHOOL
OF MEDICAL SCIENCES OF CORNELL UNIVERSITY
Master of Science Program in Clinical Epidemiology and Health Services Research
1300 York Avenue, Box #46
New York, NY 10065**

LETTER OF RECOMMENDATION

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

Last Name

First Name

Middle Name

Address

Agreement Respecting Confidentiality

I waive _____ I do not waive ____ my right to access 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 Graduate School of Medical Sciences solely in its procedures relating to admission and fellowship awards.

Signature of Applicant

Date

The above-named person is applying for admission to the Program of Clinical Epidemiology and Health Services Research at the Graduate School of Medical Sciences of Cornell University. Would you please comment on the applicant's major strengths and weaknesses with regard to graduate study. If appropriate, this should include an evaluation of the applicant's scholastic achievement, ability to do research, and promise of professional success. If you have known the applicant as an employee of your organization, please include an evaluation of his or her job performance.

(continue on reverse side if necessary)

Name of recommender

Title

Institution

Address

Telephone

Signature of recommender

Date

PLEASE RETURN TO

**JOAN AND SANFORD I. WEILL GRADUATE SCHOOL
OF MEDICAL SCIENCES OF CORNELL UNIVERSITY
Master of Science Program in Clinical Epidemiology and Health Services Research
1300 York Avenue, Box #46
New York, NY 10065**

LETTER OF RECOMMENDATION

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

Last Name

First Name

Middle Name

Address

Agreement Respecting Confidentiality

I waive _____ I do not waive ____ my right to access 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 Graduate School of Medical Sciences solely in its procedures relating to admission and fellowship awards.

Signature of Applicant

Date

The above-named person is applying for admission to the Program of Clinical Epidemiology and Health Services Research at the Graduate School of Medical Sciences of Cornell University. Would you please comment on the applicant's major strengths and weaknesses with regard to graduate study. If appropriate, this should include an evaluation of the applicant's scholastic achievement, ability to do research, and promise of professional success. If you have known the applicant as an employee of your organization, please include an evaluation of his or her job performance.

(continue on reverse side if necessary)

Name of recommender

Title

Institution

Address

Telephone

Signature of recommender

Date