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.
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OF MEDICAL SCIENCES OF CORNELL UNIVERSITY
APPLICATION FOR ADMISSION

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

Note: Program begins in July

Proposed year of admission: ________________

Please type or print

Name:________________________________________________Social Security Number: ___________________
Current Mailing Address: ________________________________________________________________
Current Telephone Numbers: Home: (___)____________________ Business (___)____________________
Permanent Mailing Address: ________________________________________________________________
Permanent Telephone Number: (___)_______________ Fax No:(___)_____________
Email: _______________
Date of Birth: ______________   Birthplace: _____________________________
US Permanent Resident: ☐ Yes ☐ No   Citizenship: _____________________________

US. Citizens and Permanent Residents Only: The United States Department of Education requires Cornell University to report on the racial or ethnic composition of its student body, but self-identification is entirely voluntary. Please indicate your racial or ethnic origin:
☐ American Indian/Alaskan Native ☐ Black, Non-Hispanic    ☐ Other Hispanic_______________
☐ Asian or Pacific Islander    ☐ Mexican American    ☐ Puerto Rican
☐ White, Non-Hispanic

If you are not a U.S. citizen or Permanent Resident,
which type of visa are you presently holding ___________________________ or will you apply for ________

Education: List in reverse chronological order, college, university, graduate and professional schools you have attended. Transcripts should be sent directly to the Office of Admissions by the College or University.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates attended From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Degree</th>
<th>Date Received</th>
<th>Major</th>
<th>Grade Point Average, if known</th>
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</table>
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).

<table>
<thead>
<tr>
<th>Exam</th>
<th>Date</th>
<th>Total Score</th>
<th>Verbal</th>
<th>Quantitative</th>
<th>Analytical</th>
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<td>GRE</td>
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<td>TOEFL</td>
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<td>Other Specify</td>
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Publications: ____________________________________________
________________________________________________________________________
________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>Title of Position</th>
<th>Nature of Work</th>
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Professional licenses: ____________________________________________
________________________________________________________________________

Work Experience: List work in reverse chronological order.

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Occupation or Position Title</th>
<th>From</th>
<th>To</th>
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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 least two (2) these individuals send letters of reference.

<table>
<thead>
<tr>
<th>NAME AND TITLE</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
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**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.

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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: ________________
LETTER OF RECOMMENDATION

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Name of recommender</th>
<th>Title</th>
<th>Institution</th>
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<tr>
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</table>

Signature of recommender __________________________ Date ____________
PLEASERETURNTO

JOANANDSANFORDI.WEILLGRADUATESCHOOL
OFMEDICALSCIENCESOFCORNELLUNIVERSITY
MasterofSciencePrograminClinicalEpidemiologyandHealthServicesResearch
1300YorkAvenue,Box#46
NewYork,NY10065

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Signature of recommender  Date