



# MASTER OF BIOMEDICAL SCIENCES APPLICATION FOR ADMISSION

## PERSONAL INFORMATION

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Semester of proposed entrance  Fall  Spring  Summer Year \_\_\_\_\_  
*Month Day Year*

Name \_\_\_\_\_  
*Last First Middle Maiden / Other*

Other names (for transcript purposes only) \_\_\_\_\_

Address \_\_\_\_\_  
*Street or P.O. Box # City State Zip or Postal Code Country*

Phone number (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female Social Security Number \_\_\_\_\_  
*Month Day Year*

By checking this box I agree that I have read and understand the following statement. Section 6109 of the Internal Revenue Code requires you to give Elms College your social security number (SSN) or taxpayer identification number (TIN) to allow Elms College to file certain information with the IRS. You have the right to refuse to provide this information; however, failure to furnish your SSN or TIN to Elms College may subject you to penalty by the IRS.

## CITIZENSHIP

Are you a U.S. Citizen?  Yes  No If not, would you like to apply for an F-1 Student Visa?  Yes  No

## EMERGENCY CONTACT INFORMATION

Please provide information for one of the following (check one)  Spouse  Partner  Parent  Other (please indicate relationship): \_\_\_\_\_

Ms./Mr. \_\_\_\_\_  
*(Circle One) Last Name/Family Name First Name Middle*

Address \_\_\_\_\_  
*Street or P.O. Box # City State Zip or Postal Code Country*

Phone number (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION EXPERIENCES

List (with the most recent first) all colleges, universities, and professional schools you have attended. If currently enrolled in classes, leave end date blank.

Attach an additional sheet if necessary.

INSTITUTION	CITY, STATE	DATES ATTENDED mm/yyyy to mm/yyyy	DEGREE/DIPLOMA (e.g. B.A., B.S., etc.)	DATE OF GRADUATION mm/yyyy	MAJOR OR AREA OF CONCENTRATION

**EXTRACURRICULAR INVOLVEMENT/PROFESSIONAL EXPERIENCE**

List each position chronologically, beginning with the most recent.

ORGANIZATION	LOCATION	POSITION	DATES EMPLOYED mm/yyyy to mm/yyyy

**PREREQUISITE COURSES AND GRADES**

Grade	Grade	Grade	Grade
General Chemistry I w/lab	General Physics I w/lab	Literature	Intro to Sociology
General Chemistry II w/lab	General Physics II w/lab	English Composition I	Calculus I
Organic Chemistry I w/lab	General Biology I w/lab	General Biology II w/lab	Statistics
Organic Chemistry II w/lab	General Psychology		

**ENROLLMENT INTERESTS**

Please indicate your area of professional interest:

- Medical School     Dental School     Veterinary School     Physician Assistant School
- Chiropractic     Pharmacy     Physical Therapy     Graduate School in the Sciences     Research position in the Sciences
- Graduate Level Research position     Education position     Other \_\_\_\_\_

**SIGNATURE**

*This application will be considered incomplete without your signature.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date      Month/Day/Year

**The following questions are optional:**

Religious Preference \_\_\_\_\_

What is your first language, if other than English? \_\_\_\_\_ Is another language spoken at home?  Yes  No

If yes, which language(s)? \_\_\_\_\_

**How would you describe yourself? Check any that apply.**

- American Indian, Alaskan Native (tribe \_\_\_\_\_)       Mexican American, Mexican
- Native Hawaiian, Pacific Islander       African American, Black (country \_\_\_\_\_)
- Asian American, Asian, Indian subcontinent (country \_\_\_\_\_)     White, Anglo, Caucasian
- Hispanic, Latin, Puerto Rican (country \_\_\_\_\_)       Other (specify \_\_\_\_\_)

## APPLICATION CHECKLIST

- Completed application including applicant's signature
- Two letters of Recommendation
- Immunization records (if taking 9 or more credits)
- Statement of Intent (100-250 words)
- Current resume/summary (one page)
- Official transcripts for all courses taken. Please have all the college you attended submit sealed official transcripts to the School of Graduate Studies and Professional Studies. **Do not open copies of transcripts sent directly to you.**
- \$30 non-refundable application fee
- TOEFL test scores (international students only)
- Current visa page from your passport (international students only)

### Completed Applications

Send all application materials to:  
School of Graduate and Professional Studies  
Attention: Donna Harvey  
Elms College  
291 Springfield Street  
Chicopee, Massachusetts 01013-2839

Phone: 413-265-2445  
fax: 413-265-2459  
harveyd@elms.edu

### For additional information about the program contact:

Janet Williams, Ph.D.  
Elms College  
Phone: 413-265-2381  
williamsj@elms.edu

## INFORMATION AND INSTRUCTIONS

### Application Fee

There is a one-time, non-refundable application fee of \$30. Please make checks payable to Elms College.

### Records and Confidentiality

Any and all information submitted with this application for admission becomes the property of Elms College. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the graduate student catalog at [www.elms.edu/Documents/Registrar/gradcat.pdf](http://www.elms.edu/Documents/Registrar/gradcat.pdf).

### Financial Assistance

The Financial Aid Office can assist students with information on loans, grants, and scholarships. Call the Financial Aid Office to receive information on the Free Application for Federal Student Aid (FAFSA) at (413) 265-2249. Elms College's school code is 002140. The FAFSA does not apply to international students.

### International Students

International students are encouraged to apply to the Elms College graduate programs. An applicant who is not a United States citizen or a permanent resident alien, and who wishes to apply for an F-1 Student Visa must submit an F-1 Visa Request Form and supporting documents. Those students whose native language is not English must take the Test of English as a Foreign Language (T.O.E.F.L.) and earn a minimum score of 79-80. Elms College's board number for the T.O.E.F.L. is 3283.

### Application Deadlines

Elms College has a rolling admissions policy, allowing application any time during the year. Applications are reviewed upon receipt. Interviews will be scheduled by the Division of Education upon receipt of all application materials.

### Immunization Records

Graduate students enrolling in nine or more credits in any semester must submit immunization records. Any student who does not comply is not eligible to attend classes. For details, please contact the Health Center at (413) 265-2288.