

State University of New York
College at Old Westbury

Minority and Health Disparities International Research Training (MHIRT)
Neuroscience International Program

Application for Admission
Please type or print clearly

Name: _____ Sex: Female _____ Male _____

Current Address: (Use until _____) Permanent Address:
Street _____ Street _____

City _____ ST _____ Zip _____ City _____ ST _____ Zip _____

Local Phone _____ Home Phone _____

E-mail address _____ Cell Phone _____

Date of Birth _____ Place of Birth _____

Soc. Sec. # _____ Do you have a valid passport? _____

Citizenship/Residency: [] U.S. Citizen
(*Proof must be copied and attached*) [] Permanent Resident # _____

Please identify and specify your ethnic origin: (Minority status required)
[] Asian American _____ [] Native American _____
[] Black/African American _____ [] Pacific Islander _____
[] Hispanic _____ [] Other _____

Current School Attending: _____ Entry date: _____

Major: _____ Credits Completed: _____ Class Status: _____

GPA: Major Field _____ Overall _____ ***ATTACH TRANSCRIPT!**

List all other colleges attended, include dates and major, and any degrees achieved:

Is it your intention to complete your undergraduate science education at the College at Old Westbury? _____ Yes _____ No (If no, explain below) Expected Grad Date: _____

List any science courses and/or describe any relevant work/research experiences: _____

You may use the reverse side of the application or attach additional sheets if necessary.

Letters of Reference

You must provide two letters of recommendation on the forms provided. These should be from professionals who are familiar with your academic and/or research experience and should be attached to this application in sealed envelopes.

Please specify who will be providing these letters below:

Name: _____

Name: _____

Position/Title: _____

Position/Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

FINAL CHECKLIST

Please verify that you have included all required material:

- Completed Application Form
- Proof of Citizenship/Residency (copy of passport or resident alien card)
- Transcripts
- TWO Letters of Reference

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT OUR OFFICE FOR CLARIFICATION:

E-mail: mhirt@sunynri.org
Phone: 516-876-2732
Fax: 516-876-2727

Return the complete application package to:

Dr. Fernando Nieto
Neuroscience Research Institute
SUNY College at Old Westbury
Room S231, Natural Sciences Bldg
P.O. Box 210
Old Westbury, NY 11568

To be completed by applicant:

Applicant's Name _____ Soc. Sec # _____

I have have not waived my choice to review this completed letter of recommendation.

Applicant's Signature _____

This recommendation form should provide a candid evaluation of the applicant's academic and/or research capabilities. Please include any pertinent information, as well as your opinion on the student's prospects for obtaining an advanced degree in a research/professional career, and if you will, discriminate between the applicants strong and weak characteristics. Your prompt response will be appreciated since incomplete applications will not be evaluated, and acceptance into this program is time-sensitive. **Please return recommendation in a sealed envelope with your signature across the seal.** Thank you for your cooperation.

How long have you known the applicant? _____ In what capacity? _____

Your evaluation of the applicant:

Please rate the applicant in comparison with other students you have known in the past:

	Upper 3%	Upper 10%	Upper 25%	Lower 50%	Unknown
General Intelligence					
Integrative Learning Ability					
Writing Skills					
Creativity					
Interest in Research					
Laboratory Techniques					
Ability to Work in Groups					
Perseverance					
In your opinion, is this applicant likely to pursue an advanced degree and a research career in the biomedical/behavioral sciences? (circle one)					YES NO

Signature _____ Date _____

Name: _____ Position/Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

To be completed by applicant:

Applicant's Name _____ Soc. Sec # _____

I have have not waived my choice to review this completed letter of recommendation.

Applicant's Signature _____

This recommendation form should provide a candid evaluation of the applicant's academic and/or research capabilities. Please include any pertinent information, as well as your opinion on the student's prospects for obtaining an advanced degree in a research/professional career, and if you will, discriminate between the applicants strong and weak characteristics. Your prompt response will be appreciated since incomplete applications will not be evaluated, and acceptance into this program is time-sensitive. **Please return recommendation in a sealed envelope with your signature across the seal.** Thank you for your cooperation.

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Creativity					
Interest in Research					
Laboratory Techniques					
Ability to Work in Groups					
Perseverance					
In your opinion, is this applicant likely to pursue an advanced degree and a research career in the biomedical/behavioral sciences? (circle one)					YES NO

Signature _____ Date _____

Name: _____ Position/Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____