

Michigan State University
College of Human Medicine

MD/PhD Program Application for Academic Year 2009

Name (last, first, middle):

Current Mailing Address: Street Number and Name:

City: State: Zip/Postal Code:

Permanent Mailing Address - Street Number and Name:
(if different than current mailing address)

City: State: Zip/Postal Code:

Phone: (preferred) Phone: (alternate) Email:

Citizenship: United States US Permanent Resident Visa Other:

MCAT Scores: Verbal Physical Science Writing Biological Science

Desired MSU Graduate Program: (A list of graduate programs can be found at <http://grad.msu.edu/directory>)

Biochemistry & Molecular Biology Cell & Molecular Biology Microbiology & Molecular Genetics

Neuroscience Pharmacology & Toxicology Physiology & Pathology Other

Area of research interest:

List all colleges/universities attended, with degree(s) and date degree(s) received or expected:

| College/University | Major | Date Degree(s) Received |
|--------------------|-------|-------------------------|
|--------------------|-------|-------------------------|

Letters of Recommendation: List three individuals who will submit letters of recommendation regarding your qualifications for the MD/PhD Program, and who can attest to your motivation and ability to conduct research. Letters must be mailed directly to Dr. Elahé Crockett, Director, MD/PhD Program (address below).

| Name | Department/Position | Institution | Email |
|------|---------------------|-------------|-------|
|------|---------------------|-------------|-------|

I certify that all the answers I have given in this application are complete and accurate to the best of my knowledge. I waive the right to view my letters of recommendation. If admitted to the program, I agree to observe all the rules and regulations of Michigan State University. Failure to comply can result in University disciplinary action.

Signature of Applicant

Date

Completing the Application:

In addition to the application, you must also submit the following:

1. Your most current Curriculum Vitae
2. A statement of your purpose and reasons for wishing to pursue a PhD degree through the College of Human Medicine
3. Official transcripts from all undergraduate and graduate institutions from which you have been or will be awarded a degree(s)

All materials and letters of evaluation must be submitted to:

Dr. Elahé Crockett
Director, MD/PhD Program
Michigan State University
Department of Medicine
B-421 Clinical Center
East Lansing, MI 48824
Phone: (517) 432-8417
Fax: (517) 432-9471
Email: ecrocket@msu.edu

All application materials listed above must be submitted together in one envelope.

APPLICATION DEADLINE: NOVEMBER 15, 2008

If you have any questions about the MD/PhD program,
please contact Dr. Crockett at ecrocket@msu.edu or (517) 432-8417.

For more information about the MD/PhD Program, please visit our website at
<http://mdadmissions.msu.edu/main/mdphd.htm>