

Master's Program in Clinical Trial Management

CUNY York College

Application Form

PERSONAL INFORMATION

Name: _____
Last First Middle Initial Maiden

Permanent Address: _____
Number Street City State Zip

Mailing Address: _____
Number Street City State Zip

Phone Number: (____) _____ (____) _____ (____) _____
Home Mobile Work

Social Security Number: _____

Email Address: _____

Date of Birth: _____ Country of Birth: _____
mm/dd/yyyy

Are you a U.S. Citizen? Yes _____ No _____

If answered no above, please state:

Country of Citizenship: _____

Country of Birth: _____

Immigration Status:

U.S. Permanent Resident: _____
Alien (A) number Date Obtained MM/YY

Temporary Visa: _____
Type of Visa Date Obtained MM/YY

Expiration Date MM/YY

Other: Explain _____

EDUCATION

Baccalaureate Degree: _____
School Location

Year of graduation GPA Major

Graduate Degree (if any): _____
School Location

Year of graduation GPA Major

Other: _____

Graduate Record Examinations (GRE) score (if any): _____

TOEFL or IELTS: All applicants whose first language is not English and who were educated in a country where English is not the official language, must take the TOEFL or the IELTS.

Date TOEFL or IELTS taken: _____ **Score:** _____
mm/dd/yyyy

Please submit an unofficial copy of TOEFL or IELTS score.

EMPLOYER INFORMATION

Present Occupation: _____

Name of Present Employer: _____

Employer's Address: _____
Number Street City State Zip

Employer's Telephone Number : (____) _____

RECOMMENDATIONS

Please list three references who can speak highly on your behalf.

Recommender 1:

Name: _____
Last First Middle Initial

Title: _____

Institution/Organization/Company: _____

Address: _____
Number Street City State Zip

Telephone Number: (____) _____

Email Address: _____

Relationship to you: _____

Recommender 2:

Name: _____
Last First Middle Initial

Title: _____

Institution/Organization/Company: _____

Address: _____
Number Street City State Zip

Telephone Number: (____) _____

Email Address: _____

Relationship to you: _____

Recommender 3:

Name: _____
Last First Middle Initial

Title: _____

Institution/Organization/Company: _____

Address: _____
Number Street City State Zip

Telephone Number: (____) _____

Email Address: _____

Relationship to you: _____

By signing below, I agree to waive my right to access and examine the letters of recommendation.

Signature of Applicant

Date

Personal Statement

Please submit a personal statement (not more than 1,500 words).

In your personal statement, please discuss your past education and experiences, academic and professional plans, and reasons for wishing to undertake graduate work. Specify your intended specialization in your field and your preparation for that specialization. Include anything else you consider important for an assessment of your abilities (i.e. articles, theses, books, materials published, any invention patented, academic honors, prizes, honorary scholarships, reasons for transferring from one institution to another, etc.)

Signature Page

Program and Semester: _____

You will need to submit the following supporting documents to complete the application process.

All supporting documents must be received by the application deadline in order for your application to be considered complete.

1. Official transcript(s) in sealed envelopes from all universities and colleges attended.
*International Students: Must have all transcripts evaluated by a NACES member (www.naces.org)
2. TOEFL or IELTS scores (if required)
3. Current resume
4. Personal statement
5. Three letters of recommendation on letterhead and in sealed envelopes.
6. A non-refundable \$75 application fee payable by check or money order to York College
7. Agreement form

Please sign the agreement statement below. Include supporting documents and application fee.

I certify that the information on this application is complete and correct. I understand that omission or falsification of information may constitute grounds for denial of admission or dismissal.

Date Signature of Applicant Print Name

Please bring or mail the application with all documentations to:

York College
Admissions Office (Room 1B07)
94-20 Guy R. Brewer Blvd
Jamaica, NY 11451

Approximately two weeks from the date of submission, you will receive an email notifying you whether or not your supporting documents, payment and signature page were received.