



TULANE UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PHARMACOLOGY
Master of Science in Pharmacology Degree Program Application

Please print clearly or complete this form in Adobe Reader by typing information and printing your application.

LAST NAME	FIRST	MIDDLE
U.S. SOCIAL SECURITY NO.	Any variation of your name on official records	GENDER
HOME TELEPHONE NO.		MOBILE TELEPHONE NO.
CURRENT ADDRESS		CITY, STATE, & ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		CITY, STATE & ZIP CODE
E-MAIL ADDRESS		ALT. E-MAIL ADDRESS

REQUIRED TESTS:

All applicants must have taken the Medical College Admissions Test (MCAT) or the Graduate Record of Examination (GRE) within three (3) years of enrollment. Official Test Scores must be requested and sent directly to: DEPARTMENT OF PHARMACOLOGY, TULANE UNIVERSITY SCHOOL OF MEDICINE. Official Test scores from MCAT may also be printed from your MCAT account online.

MCAT	DATE (mm/dd/yyyy)	VERBAL (self reported)	PHY. SCIENCES	BIOL. SCIENCES
GRE	DATE (mm/dd/yyyy)	VERBAL (self reported)	QUANTITATIVE	ANALYTICAL
GPA	ALL UNDERGRADUATE COURSES		COURSES IN YOUR MAJOR	COURSES FOR GRADUATE CREDIT

REQUIRED FOR COMPLETION OF APPLICATION:

PLEASE × ALL THAT ALL ITEMS ARE THAT ARE ENCLOSED WITH THIS APPLICATION FORM.

If sending separately, please note that only completed applications will be reviewed. Sending application materials separately may cause a delay in processing of your application. Materials submitted in support of an application are not released for other purposes and cannot be returned to the applicant.

Three (3) letters of recommendation (sealed)	Application Fee (\$75 check or money order) Pay to the order of Tulane Univ. Dept. of Pharmacology
Statement of Purpose	Official MCAT scores (copy from http://www.aamc.org accepted)
Official Transcripts (sealed)	A Self-Addressed Envelope

LIST BELOW ALL COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED, INDICATING MOST RECENT ONE FIRST.				
	Name of College (branch)	Dates (mm/yy – mm/yy)	Degrees Pursued	Degrees Obtained
1.				
2.				
3.				
4.				

IN THE ORDER OF YOUR PREFERENCE, PLEASE LIST ALL THE GRADUATE AND PROFESSIONAL SCHOOLS TO WHICH YOU ARE APPLYING, INCLUDING TULANE UNIVERSITY

	Name of College	Degree Program
1.		
2.		
3.		
4.		

WHAT SOURCE OF INFORMATION PROMPTED YOU TO APPLY TO THIS PROGRAM?

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BIOGRAPHICAL INFORMATION

DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP (COUNTRY)
IF NOT U.S. CITIZEN (SPECIFY VISA TYPE)	IF PERMANENT RESIDENT, PROVIDE REGISTRATION NO.	
NATIVE LANGUAGE	OTHER LANGUAGES SPOKEN/STUDIED	

U.S. CITIZENS & PERMANENT RESIDENTS ONLY:

THE U.S. DEPARTMENT OF EDUCATION REQUIRES UNIVERSITIES TO REPORT ON THE ETHNIC COMPOSITION OF THEIR STUDENT BODY. THIS INFORMATION IS CONFIDENTIAL AND IS USED ONLY FOR STATISTICAL PURPOSES. THE INFORMATION WILL BE USED IN A NONDISCRIMINATORY MANNER, CONSISTENT WITH APPLICABLE CIVIL RIGHTS LAWS. IT HAS NO IMPACT ON THE ADMISSIONS PROCESS. SELF-IDENTIFICATION IS VOLUNTARY

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	Black, non-Hispanic	<input type="checkbox"/>	White, Non-Hispanic
<input type="checkbox"/>	Chicano/Mexican-American	<input type="checkbox"/>	Other	<input type="checkbox"/>	

I certify that the information contained in the application, in the statement of purpose, and in the supporting documents, is complete and accurate. I understand that the submission of inaccurate information or the omission of information may be sufficient cause for denial of admission or termination of enrollment.

Signature

Date

Tulane University is an Affirmative Action/Equal Opportunity Institution, and consequently its policy of non-discrimination includes recruitment, employment, retention, and promotion of the most qualified students, faculty and staff, regardless of an individual's race, gender, color, religion, national/ethnic origin, citizenship, marital status, sexual orientation, handicap, or veteran status. Tulane University does not discriminate in its provision of services and benefits or in its treatment of students, parents, and employees. The Tulane Office of Institutional Equity monitors on an ongoing basis compliance with all University policy concerned with affirmative action/equal opportunity. Inquiries regarding this policy may be referred to the Office of Institutional Equity 200 Broadway Street, Suite 105A, New Orleans, LA 70118, Phone: (504) 862-8083

STATEMENT OF PURPOSE

Please type or print clearly. Submit this form with your application form.

LAST NAME	FIRST	MIDDLE	SOC. SEC. NO.

BRIEFLY DESCRIBE YOUR PURPOSE IN UNDERTAKING GRADUATE WORK IN PHARMACOLOGY AND HOW IT IS RELATED TO YOUR PROFESSIONAL GOALS.

Empty space for writing the statement of purpose.



Tulane
University



TULANE UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PHARMACOLOGY

Master of Science in Pharmacology Degree Program

LETTER OF RECOMMENDATION FORM (page 1 of 2)

Applicant: You must submit this form with your application letters from three (3) of your professors, preferably in your major field. Complete the following section, then give this form to the person whom you have asked to recommend you. This person must either return this form and their letter to you in a sealed envelope, or they may wish to mail it to the department. In order for the recommendation to be valid, it must be submitted in a sealed, signed, & unopened envelope.

LAST NAME	FIRST	MIDDLE
U.S. SOCIAL SECURITY NO.	TERM & YEAR OF ADMISSION	
RECOMMENDER'S NAME & TITLE	INSTITUTION OR UNIVERSITY AFFILIATION	

*In accordance with the **Family Education and Privacy Act of 1974**, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation once you enroll in the Master of Science Pharmacology Degree Program at Tulane University School of Medicine. Note: Your Signature Below indicates that you wish to waive your right to inspect this recommendation.*

Signature

Date

INFORMATION FOR RECOMMENDER:

This recommendation will remain confidential during the admissions process and will be used by the Admissions Committee of the Masters of Science Pharmacology Degree Program only in its procedures relative to admission and merit-based aid. If the student has not waived the right of access to the recommendation, it will become accessible to the student only if he or she enrolls in the Program.

Please write candidly and analytically about the student's qualifications and potential to carry on advanced study in the field specified, as well as about his/her promise of ultimate profession success. In describing such attributes as motivation, intellect, and maturity, please discuss both strong and weak characteristics of the applicant. Specific examples are more useful than generalizations.

If possible, please compare this applicant with others you have recommended, those who have attended graduate school or are enrolled as current graduate students.

You may use Page 2 of this form, or if you prefer, you may attach a separate letter. If you compose a separate letter, it is important to include the information and abilities requested on Page 2.

When you have completed the recommendation, enclose it in an envelope. Seal it, sign across the seal and return it to the applicant. If mailing it to our department, please use the address and format provided below:

Mailing Address: Director of Graduate Studies
Department of Pharmacology
Tulane University School of Medicine
1430 Tulane Avenue, SL-83, Suite 3700
New Orleans, LA 70112-2699

Additional contact information if needed: tel. 504/988-5444
fax. 504/988-5283
toll-free 800/347-5935



TULANE UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PHARMACOLOGY

Master of Science in Pharmacology Degree Program

LETTER OF RECOMMENDATION FORM (page 2 of 2)

Applicant Name

How long and in what capacity have you known the applicant?

Please compare the Applicant with others in their class/group who have gone on to graduate study:

	Top 5%	Top 10%	Top 25%	Top 50%	Bottom 50%
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Discussion/ Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name

Title

Institution or University

Address

Address

City, State & Zip Code

Phone no.

E-mail address

Signature

Date

Student Instructions & Checklist

Your application packet should be complete before mailing it to the Department. Only completed applications with supporting materials, as listed, will be reviewed. Sending Application materials separately may cause a delay in the processing of your application.

All application materials should be mailed in one (9" x 12") envelope.

Please include all of the following items:

- 1. A completed application form.
Form is "fillable" in Adobe Reader.
- 2. A Statement of Purpose and your plans concerning your career in the field you have chosen.
- 3. An official transcript from each institution/university you have attended, submitted in a sealed envelope and signed/sealed by the Registrar.

The college or university can mail the transcripts directly to our department. If submitted by you, they should be submitted unopened/sealed with signature.
- 4. Recommendations from three (3) professors, preferably in your major field, submitted in sealed envelopes.

 The Recommender can mail their letter directly to our department. If submitted by you, they should be submitted unopened/sealed with signature.
- 5. Official MCAT scores.

Official Scores can be printed from MCAT at <http://www.aamc.org>
- 6. \$75 Application Fee.

Make checks or money orders payable to:
"Dept. of Pharmacology, Tulane University"
- 7. A self addressed envelope.

**Mail your
Application
Packet to:**

Director of Graduate Studies
Department of Pharmacology
Tulane University School of Medicine
1430 Tulane Avenue, SL – 83
3rd Floor, Room 3700
New Orleans, LA 70112

THANK YOU FOR YOUR INTEREST IN OUR PROGRAM.

CALL 1 800/347-5935 OR 504/988-5444
FOR MORE INFORMATION