

Division of Graduate Medical Sciences
Boston University School of Medicine

715 Albany Street, Room L317
Boston, Massachusetts 02118-2394

Application for Admission
SCHOOL COPY

Department Name _____ Date of Intended Enrollment _____ September or January
 Specialization _____ Prior application to this school? _____ circle one year
 September or January
 circle one year

Degree Program: Master of Arts (M.A.) (Postbachelor's) Doctor of Philosophy (M.A./Ph.D.) (Post-master's) Doctor of Philosophy (Ph.D.) Nondegree

Last (Family) Name				First	Middle	Former Name	U.S. Social Security Number or Boston University I.D. Number
Reply Address (good until _____ / _____ / _____ date)						Zip (Postal) Code	Telephone Number (days) (eves)
Permanent Address						Zip (Postal) Code	Telephone Number (permanent) E-mail Address
Marital Status*	Circle one* Male Female		Date and Place of Birth* Month/Day/Year		Country of Citizenship	If not U.S. citizen, has Permanent Residency in the U.S. been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Give dates the Graduate Record Examination and/or the Miller Analogies Test and/or the Test of English as a Foreign Language were (will be) taken.

GRE Date _____ MAT Date _____ TOEFL Date _____

Persons writing letters of recommendation on your behalf:

1. _____ 2. _____ 3. _____

Colleges or Universities attended (most recent first)	Location	Dates (from/to)	Major field	Name of degrees awarded and date awarded or expected

Do you wish to be considered for financial aid from Boston University? Yes No Are you a U.S. veteran? Yes No
 If a U.S. citizen, do you wish to be considered a member of an ethnic group? Yes No If so, which? _____

Signature _____ Date _____

THE APPLICANT SHOULD NOT WRITE BELOW

<p>DEPARTMENTAL RECOMMENDATIONS</p> <p>RATING: 1 2 3 4 5 (circle one) high low</p> <p><input type="checkbox"/> Admit <input type="checkbox"/> MA <input type="checkbox"/> Postbachelor's PhD <input type="checkbox"/> Post-master's PhD <input type="checkbox"/> NonDegree</p> <p><input type="checkbox"/> Place on Alternate List <input type="checkbox"/> Reject</p> <p>Basis _____</p>	<p>FINANCIAL AID</p> <p><input type="checkbox"/> Aid Not Requested</p> <p><input type="checkbox"/> Recommendation for Aid Attached</p> <p><input type="checkbox"/> Aid Decision Pending</p> <p><input type="checkbox"/> No Aid</p>	<p>PREREQUISITES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>COREQUISITES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>INTEROFFICE</p> <p># _____</p> <p>Fee _____ ISDF _____</p> <p>GRE: V _____ / _____ % Q _____ / _____ % A _____ / _____ % SUB _____ / _____ % MAT _____ / _____</p> <p>TOEFL _____ TWE _____</p> <p>MCAT: V ____ PY ____ W ____ BI ____</p>
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Chairman's Signature _____ Date _____

*This information is requested for statistical information and not required. Failure to provide this information will not prevent your application from being considered.

Division of Graduate Medical Sciences
 Boston University School of Medicine

715 Albany Street, Room L317
 Boston, Massachusetts 02118-2394

Application for Admission
DEPARTMENT COPY

Department Name _____ Date of Intended Enrollment _____ Full Time
 Part Time

Specialization _____ Prior application to this school? September or January
 circle one year

Degree Program: Master of Arts (M.A.) (Postbachelor's) Doctor of Philosophy (M.A./Ph.D.) (Post-master's) Doctor of Philosophy (Ph.D.) Nondegree

Last (Family) Name	First	Middle	Former Name	U.S. Social Security Number or Boston University I.D. Number
Reply Address (good until _____ / _____ / _____ date)			Zip (Postal) Code	Telephone Number (days) (eves)
Permanent Address			Zip (Postal) Code	Telephone Number (permanent) E-mail Address
Marital Status*	Circle one* Male Female	Date and Place of Birth* Month/Day/Year	Country of Citizenship	If not U.S. citizen, has Permanent Residency in the U.S. been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No

If the department to which you are applying requires the Graduate Record Examination (GRE), the Medical College Admission Test (MCAT), or the Miller Analogies Test, provide the following information:

General Test scores and percentage ranks	Subject Test score and percentage rank
GRE _____ / _____ % <small>Test date Verbal Quantitative Analytical</small>	_____ / _____ % <small>Subject Name Score/Rank</small>
Test of English as a Foreign Language: TOEFL _____ <small>Test date</small>	Sec. 1 _____ Sec. 2 _____ Sec. 3 _____ Total Score _____ TWE _____
MCAT _____ V _____ PY _____ W _____ BI _____ MAT _____ <small>Test date Test date Score</small>	

Persons writing letters of recommendation on your behalf:

1. _____ 2. _____ 3. _____

Colleges or Universities attended (most recent first)	Location	Dates (from/to)	Major field	Name of degrees awarded and date awarded or expected

Do you wish to be considered for financial aid from Boston University? Yes No Are you a U.S. veteran? Yes No

Do you wish to be considered a member of a minority group? Yes No If so, which? _____

List all courses that you are currently enrolled in that do not appear on your current transcript.

INSTITUTION	DEPT.	TITLE OF COURSE (If possible, give name of instructor)	NO. OF CREDITS

List below all courses in your intended area of study that have been or will be completed prior to enrollment. Then list all foreign language courses you have taken or are taking, and describe your speaking and reading competence in each language. Mark graduate-level courses with a "G" after the grade. Any graduate-level courses for which you anticipate requesting transfer of credit should be marked with an asterisk (*).

Institution	Department	Title of Course (If possible, give name of instructor)	No. of Credits	Grade

Employment Information

List all jobs held since you began undergraduate studies, starting with the most recent (a résumé may be submitted as a replacement or supplement to this section).

Dates	Employer	Location	Title	Full- or Part-time

Optional: Have you been in contact with a member of the Boston University faculty or staff in your chosen department of study?

Yes No

If so, with whom? _____

Personal Statement

Write a statement on a separate page of not less than 200 words describing your qualifications and the objectives of your educational program. Report any research activities, publications, independent studies, and memberships in academic, professional, or honorary societies. Account for time that has elapsed between formal studies. Applicants for teaching fellowships should indicate previous teaching experience. If any physical or emotional factors will affect your program of study, please include an explanation in your statement. Please be sure to write your name on this sheet. Please be advised that under certain circumstances, this evaluation may be reviewed by someone other than a member of the admissions committee of the department indicated above.

Remember to Attach your Personal Statement

Division of Graduate Medical Sciences Boston University School of Medicine

715 Albany Street, Room L317
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Recommendation for Admission

The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of an application become the property of the University, and neither originals nor copies will be provided. (Please type or print.)

Applicant's name _____
(Family Name) (Given Name) (Middle)

Applicant for Master of Arts Nondegree
 (Postbachelor's) Doctor of Philosophy MD/PhD Dual Degree
 (Post-master's) Doctor of Philosophy

Department name _____ **Specialization** _____

Evaluator's name _____ **Title or Position** _____

Institution/Company _____

Address _____

Telephone Number _____

To the Applicant: This recommendation will become part of your Admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby waive do not waive my right of access to this document should I matriculate at Boston University.

Signature _____ **Date** _____

TO THE PERSON MAKING THE RECOMMENDATION: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right. If you choose not to use this form for your recommendation, please return the form with your letter so that the above waiver may apply to such letters. Please be advised that under certain circumstances, this evaluation may be reviewed by someone other than a member of the admissions committee of the department indicated above.

The Committee on Admissions of the Graduate School will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

1. How well do you know the applicant?
(Check as many as apply)

as reported by junior staff members
 as a student in a large lecture course
 as a student in a small class
 as a student in laboratory courses
 as a student engaged in research or independent study under my direction
 as my advisee
 other (state) _____

2. How long have you known the applicant? _____

3. For what level of graduate study do you recommend the applicant?

- a program leading to the master's degree only
 a program leading to the Ph.D. degree
 a program leading to the MD/PhD dual degree

4. Would you accept this student to work with you toward a Ph.D. degree? If no, please comment.

- Yes
 No _____

5. Please summarize your evaluation by checking your estimate on the following items. ("Exceptional" should indicate that the applicant is comparable to the best-qualified student you have known. "Good" should indicate a positive recommendation with no reservation.)

a.	General Qualifications	Exceptional	Good	Fair	Doubtful	Poor	No basis for judgment
	Ability to engage in independent inquiry						
	Ability to express self in writing						
	Breadth of general knowledge						
	Analytical skills—science and mathematics						
	Emotional stability and maturity						
	Intellectual ability						
	Motivation						
	Perseverance						
	Potential as a creative scholar						
	Responsibility in assignments and undertakings						
b.	Potential as a Teacher						
	Ability to stimulate interest						
	Breadth of perspective on field of study						
	Interest in teaching						
	Poise and clarity of expression						
	Proficiency and experience in working with groups						
c.	Laboratory Skills						

6. What is your overall ranking of this applicant as compared with other students you have known at his or her educational level?

- Upper 5%
 Upper 10%
 Upper 25%
 Upper 50%
 Lower 50%

7. In a brief statement, describe the major strengths and weaknesses of the applicant as a potential graduate student.

Signature _____ Date _____

Please return to:

Division of Graduate Medical Sciences
 Boston University School of Medicine
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Department name _____ **Specialization** _____

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4. Would you accept this student to work with you toward a Ph.D. degree? If no, please comment.

- Yes
 No _____

5. Please summarize your evaluation by checking your estimate on the following items. ("Exceptional" should indicate that the applicant is comparable to the best-qualified student you have known. "Good" should indicate a positive recommendation with no reservation.)

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	Analytical skills—science and mathematics						
	Emotional stability and maturity						
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- Upper 5%
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- Yes
- No _____

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Signature _____ Date _____

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 Division of Graduate Medical Sciences
 Boston University School of Medicine
 715 Albany Street, Room L317
 Boston, Massachusetts 02118-2394

Instructions for International Applicants

The Division of Graduate Medical Sciences (GMS) offers programs leading to the Master of Arts (MA) and the Doctor of Philosophy (PhD) degrees in the fields of study as listed. If you do not find the graduate program you want here, another School in the University may offer it. Please be sure to check everything carefully, especially application deadlines and special departmental requirements, before submitting your application.

Academic Regulations

Requirements for the completion of the *Master of Arts* degree include a minimum of eight graduate-level courses and a thesis or comprehensive examination if specified by the department or division of major study. Each student who has not previously completed at least two years of study in a foreign language shall make up the deficiency by coursework or examination (an international student may not offer his/her native language in fulfillment of the language requirement.) The program must be completed within three years of the first registration in the Division of Graduate Medical Sciences.

Requirements for the completion of the *Doctor of Philosophy* degree include a minimum of 16 graduate-level semester courses for students without a master's degree or equivalent (the program must be completed within seven years of the first registration in the GMS) or eight graduate-level semester courses for students with a master's degree or equivalent (the program must be completed within five years of the first registration in the GMS). Candidates must pass qualifying examinations, and present and defend a dissertation. Each student must satisfy a residency requirement of at least two consecutive regular semesters of full-time study at Boston University.

Materials Required for Application for Admission to the Division of Graduate Medical Sciences

1. A nonrefundable application fee of \$50 (paid in U.S. currency or check, international money order, or an international check drawn on a bank in the United States). This fee cannot be waived. An application will not be considered without it.
2. Completed admission application (including address labels), indicating major field of study and degree program desired.
3. Completed International Student Data Form (see Estimate of Expenses for help with financial planning.) **Please complete and submit all four pages. You must attach documentation of all sources of financial support as stated in the Financial Declaration portion of the International Student Data Form.** If you are currently in the United States, it is essential to include a photocopy of your current visa.
4. Three letters of recommendation from faculty members in your proposed field of study who are familiar with the American system of higher education.
5. Certified official copies (not photocopies) and *certified English translations* of all academic records from every college or university you have attended.
6. All students applying to the Division of Graduate Medical Sciences, *including international students*, must submit results of the Graduate Record Examination (GRE), General and appropriate Subject tests or the Medical College Aptitude Test (MCAT). To receive registration materials, write to: GRE, Educational Testing Service, P.O. Box 6000, Princeton, NJ 08541-6000, USA, or visit their web site (<http://www.ets.org>). International students are not required to take the Miller Analogies Test (MAT).
7. If your native language is not English, you must submit results of the Test of English as a Foreign Language (TOEFL). The TOEFL is administered monthly in major centers around the world. To receive registration materials, write to (within the United States): TOEFL/TSE Services, Box 6151, Princeton, NJ 08541-6151. Fax: 609/951-1300. Outside the United States, please write to: TOEFL/TSE Publications, Box 6154, Princeton, NJ 08541-6154, USA. Telephone: 609/951-1100, or visit their web site (<http://www.toefl.com>).
8. By checking the "YES" box following the question about financial aid on the application for admission, you will be considered for all Boston University sources of financial aid.

Financial aid in the form of fellowships, scholarships, assistantships, etc. is available to international students, but awards are made on the basis of merit, not financial need. To be considered for financial aid, your application must be received by the Division of Graduate Medical Sciences *no later than December 31*. Otherwise, the MA in Medical Sciences in the Division of Graduate Medical Sciences programs has no deadline.

Application form and all credentials should be sent to (prior to June 1):

Division of Graduate Medical Sciences
Boston University School of Medicine
715 Albany Street, Room L317
Boston, Massachusetts 02118-2526
USA

Financial Declaration

Boston University is required by U.S. government regulations to check the availability of adequate funding for your tuition, fees, and living expenses for the duration of your studies at Boston University. We will be unable to provide you with the documents necessary to obtain your visa without verification of adequate funding. All financial documents submitted for evaluation will become the property of Boston University and will not be returned to the applicant. (Please refer to the accompanying estimate of expenses for the breakdown of fees and for the minimum required per annum.)

All sources of support which you submit must indicate the period of time the support will be provided and must be:

1. Originals, not photocopies
2. Shown in U.S. dollars
3. For Boston University specifically, and no other college or university
4. No more than one year old
5. Written in English

Please check the box below which describes the type of funding you will be receiving, and **attach the appropriate official documentation** as outlined below:

- If you will be funded by your *parents* or a *relative*, please submit:
1. A legalized letter of sponsorship which indicates that your sponsor (uncle, aunt, brother, or sister) is willing and able to support you financially for your academic fees and living expenses throughout the duration of your studies at Boston University.
 2. A bank statement or credit reference from a bank stating the availability of the minimum estimated expenses (as indicated on the Estimate of Expense sheet enclosed). This document should be in English, and the sum should be indicated in *U.S. dollars*.
- If you will be funded by your *government*, an *organization*, a *company*, etc., the sponsor must submit an official letter of sponsorship which states:
1. That your funding is valid for Boston University specifically.
 2. What expenses will be covered. For example: academic fees, living expenses (how much), health insurance, financial support for family members, travel costs, etc. Amounts should be in *U.S. dollars*.
 3. The length of time of the support.
- If you will be funded by a *bank loan*, you must submit an official letter of certification from the lending institution. Amounts should be in *U.S. dollars*.
- If you will be funded by a *Salary* or *Study-leave allowance*, you must submit an official letter from your employer validating this information. Amounts should be in *U.S. dollars*.
- If you will be funded in a manner not listed above (for example, if *you will fund yourself*), you must submit official documentation (a bank statement or a credit reference from a bank) from the source of sponsorship clearly stating the amount of financial support to be provided and the length of time for which it will be available. Amounts should be in *U.S. dollars*.

IMPORTANT NOTE: If you cannot initially show that you have sufficient funds to meet the minimum funding requirements to bring your spouse and/or child(ren) into the U.S., note the following Boston University policy: Under these circumstances, it is our policy not to issue visa documents for family members until the international student has been in the United States for a minimum of three months. At that time we will only issue visa documents if the student provides us with a budget and three months of bank statements from a U.S. bank showing accrued savings to meet the minimum funding requirements necessary to support dependents for their intended period of stay in the United States.

Language Information

Is English your native language? Yes _____ No _____ If not, what is your native language? _____

In what other languages are you fluent? _____

If you have been enrolled, are currently enrolled, or will enroll in an intensive English-language program in the United States, please complete the following:

Name of the English-language program _____

Address _____

Dates of your enrollment: from _____ to _____

If English is not your native language, Boston University requires the Test of English as a Foreign Language (TOEFL) as proof of your proficiency in English. To apply for this test, write directly to: TOEFL, Box 6151, Princeton, New Jersey 08541-6151, U.S.A., or consult the nearest United States Embassy, Consulate, or Bi-National Center.

On what date do you plan on taking the TOEFL? _____

Have the results of the TOEFL sent *directly* from the TOEFL testing service in Princeton, New Jersey, to the Admissions Office that is reviewing your application. If it is impossible for you to take the TOEFL test, Boston University will consider the results of either the Michigan or ALIGU test. The results must be sent directly from the testing center which administered the exam to the Admissions Office reviewing your application.

Educational Information

List all schools, colleges, or other institutions you have attended or are attending in your country and elsewhere, including the United States:

Secondary or Preparatory Schools	Location	Degree or diploma	Dates	
			from	to

Was English the medium of instruction in any of these schools? Yes _____ No _____

If yes, which school(s)? _____

Are you now enrolled in a school or college in the United States? Yes _____ No _____

If yes, give details below:

Purpose _____

Location _____

Date started _____ Date of completion _____

Have you ever visited the United States for purposes other than school? Yes _____ No _____

If yes, give details below:

Purpose _____

Location _____ Dates _____

Visa Information

If you are currently in the U.S. or have been in the U.S. during the past six months, please indicate the visa status you hold (held).

1. F-1 _____ F-2 _____ For F-1's, admission number from previous I-20 ID _____

Please attach a copy of both sides of your Form I-20 ID and your U.S. Consulate visa stamp.

2. J-1 _____ J-2 _____ **Please attach a copy of your Form IAP-66 and your U.S. Consulate visa stamp.**

3. B-1 _____ B-2 _____ B-2 Prospective Student _____ **Please attach a copy of your Form I-94 and your U.S. Consulate visa stamp.**

4. Other: specify category _____ **Please attach a copy of both sides of your Form I-94 and your U.S. Consulate visa stamp as well as any other documentation verifying your immigration status (e.g., I-797A, I-721).**

Are you single? _____ married? _____ If married, do you intend to bring your husband/wife to the United States?

Yes _____ No _____

If your husband/wife is already in the United States, what type of visa does he/she hold? _____

Below, please give the names of the dependents who will accompany you to the United States. (The definition of "dependents" who can be listed on your visa document includes *only* your husband/wife and your children under 21 years of age. If you wish to have other family members and/or employees accompany you to the United States, please consult the U.S. Consulate for information on which visa would be appropriate for them.)

Relationship	Family Name	First Name	Date of Birth	City and Country of Birth
Husband/Wife	_____	_____	_____	_____
Son/Daughter	_____	_____	_____	_____
Son/Daughter	_____	_____	_____	_____
Son/Daughter	_____	_____	_____	_____

If you will be accompanied by your husband/wife, what will he/she do while in the United States?

Study _____ Child care _____ Other (be specific) _____

If you are now employed in your home country, what is your official job title? _____

What is the name of the organization/company for which you work? _____

Address _____

Briefly describe your responsibilities: _____

Attention: Before you send your application documents to your Admissions Office, indicate by checking below that you have enclosed:

Proof of English proficiency _____

If not, why not? _____

Financial documentation _____

If not, why not? _____

I declare that the statements above are true.

Signed _____ Dated _____

Boston University prohibits discrimination against any individual on the basis of race, color, religion, sex, age, national origin, physical or mental handicap, marital, parental, or veteran status. This policy extends to all rights, privileges, programs, and activities, including admissions, financial assistance, employment, housing, athletics, and educational programs. Boston University recognizes that non-discrimination does not ensure that equal opportunity is a reality. Because of this, the University will continue to implement affirmative action initiatives which promote equal opportunity for all students, applicants, and employees. Inquiries regarding the application of this policy should be addressed to the Office of Equal Opportunity, 25 Buick Street, Boston, MA 02215.

**BOSTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF GRADUATE MEDICAL SCIENCES
ESTIMATE OF EXPENSES FOR INTERNATIONAL STUDENTS**

Fall 1998–Spring 1999

Prepared by the International Students and Scholars Office

Please keep in mind that the estimates for living expenses are approximations and that, depending on your lifestyle, these costs may be higher. University tuition, fees, and living expenses will increase annually. Transportation to and from the United States is not included in these estimates.

The estimates quoted below are for students attending the Division of Graduate Medical Sciences.

Estimate for Nine-Month School Year			
Breakdown of Costs	Single Student (on-campus residence)	Single Student (off-campus)	Married Student (off-campus)
Tuition	\$22,830	\$22,830	\$22,830
University Fees*	218	218	218
Medical Insurance**	550	550	1,677
Rent and Food***	7,870	9,130	12,029
Books and Supplies****	600	600	600
Personal (clothing, miscellaneous)	1,400	1,992	3,625
TOTAL estimate for nine months	\$33,468	\$35,320	\$40,979

Estimated Expenses for Dependent Children

Add \$3,185 (for nine months) or \$4,343 (for twelve months) for the first child.

Add \$1,593 (for nine months) or \$2,173 (for twelve months) for each additional child.

Off-Campus Summer Living Expenses***

(tuition and fees not included—see reverse side):

For single students, add \$3,953. For married students, add \$5,218.

\$1,426 per semester for students who are enrolled to work on a thesis but who are not registered for classes.

*Additional fees may apply for certain programs.

**Insurance is required for all students and J2 dependents; it is strongly recommended for all other dependents.

***Not including vacation periods (vacation allowance is approximately \$912 based on 30 days).

****Add \$246 for graduate students.