

**Wayne State University**  
**IMSD/MBRS Program**  
**Student Application**  
*Graduate*

Date \_\_\_\_\_

WSU I.D. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Street City/State Zip Code

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Parent/Guardian Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnic Classification \_\_\_\_\_  
Month Day Year

Visa Status \_\_\_\_\_ Citizen of (country) \_\_\_\_\_

High School Attended \_\_\_\_\_  
Name Location

Year Graduated \_\_\_\_\_

*Name and Address of Undergraduate Institution* \_\_\_\_\_

\_\_\_\_\_

*Year Graduated* \_\_\_\_\_ *Degree obtained* \_\_\_\_\_ *Major* \_\_\_\_\_ *GPA* \_\_\_\_\_

Graduate School (Specific Department) \_\_\_\_\_

Graduate Mentor \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ GPA \_\_\_\_\_

GRE – Analytical \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Specialty Area \_\_\_\_\_

Total Credit Hours accumulated at WSU \_\_\_\_\_

CAREER GOALS: Plans after Graduation

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Send completed application, 3 letters of recommendation (personal and/or academic), brief personal statement regarding goals and an unofficial copy of your transcripts with most recent grades to:

Dr. Rasheeda Zafar  
Coordinator IMSD/MBRS Program  
4229 Scott Hall, Department Physiology  
Wayne State University  
540 E. Canfield  
Detroit, MI 48201