

Wayne State University
IMSD/MBRS Program
Student Application
Undergraduate

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 Address _____

Date of Birth _____ Gender _____ Ethnic Classification _____
Month Day Year

Visa Status _____ Citizen of (country) _____

High School Attended _____ Year Graduated _____

High School Address _____

Transfer Students Only

Name and Address of Previous Institution _____

Year Graduated _____ *Degree obtained* _____

Major _____ *GPA* _____

Classification at WSU (Freshman, Sophomore, Junior or Senior) _____

Major _____ GPA _____

Total Credit Hours accumulated at WSU _____

CAREER GOALS: Check option that best describe your plans after graduation.

Graduate School _____ School of Medicine _____ School of dentistry _____

School of Veterinary Medicine _____ Other _____

COLLEGE LEVEL *SCIENCE COURSES* COMPLETED: Fill out course level and *GRADE* received.

COURSE #	GRADE	COURSE #	GRADE	COURSE #	GRADE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Indicate First Three Choices of Laboratory/Field of Interest:

Cell Biology___Physiology___Endocrinology___Anatomy___ Virology ___ Microbiology _____

Psychology___Immunology___Pharmacology___Cardiology___Molecular Biol___Int. Medicine_____

Are you currently employed at W.S.U.? _____ Department _____

Signature

Send completed application and an unofficial copy of 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