

Wayne State University NIMH COR Program Student Application

Date: _____

W.S.U. I.D. #: _____ Social Security Number: _____

Name: _____ E-Mail: _____
Last first initial

Home address: _____
street city/state zip

Home Telephone #: _____ Parent/Guardian telephone: _____

Parent/Guardian address _____
street city/state zip

Racial/Ethnic Classification: _____ Gender: _____ DOB: _____

Current Class at WSU (sophomore, junior, etc.): _____ Total Credit Hours: _____

Visa Status: _____ Citizen of (country) _____

Major: _____ Minor: _____ GPA: _____

High School Attended: _____
name location

Year Graduated: _____

Transfer student only:

Name of previous college and major: _____

Research Experience: Yes No If yes, describe in detail (on extra sheet) your research experience

CAREER GOALS: Check the one box that best defines your expectations after graduating from WSU

Graduate School (field if possible) _____ Professional School _____

Other (be specific) _____

Tuition payments: all self all scholarships some self/some scholarship (Amt. of latter: \$ _____)

Please answer the following questions. If necessary attach a separate sheet

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1. What attracted you to this program?

2. What are your future career plans?

3. What would you say is your most significant accomplishment to date?

4. How did you learn about the NIMH COR program?

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, NIMH COR Program Coordinator
Department of Physiology
4229 Scott Hall
Wayne State University School of Medicine
540 E. Canfield
Detroit, MI 48201