

**Wayne State University School of Medicine**  
**SURE**  
**2017 Application Form**

**A. Background Information**

Name (Last, First, MI) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity/Race (optional) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current College \_\_\_\_\_ Major: \_\_\_\_\_

Current GPA (overall) \_\_\_\_\_ GPA in Science Courses \_\_\_\_\_

Current undergraduate status: (circle one)      Sophomore      Junior      Senior

**B. Areas of Interest**

Please number (1,2,3) your **top three program** choices, in order of preference:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anatomy & Cell Biology  | <input type="checkbox"/> Biochemistry & Molecular Biology | <input type="checkbox"/> Cancer Biology                     |
| <input type="checkbox"/> Immunology/Microbiology | <input type="checkbox"/> Molecular Genetics & Genomics    | <input type="checkbox"/> Pathology                          |
| <input type="checkbox"/> Pharmacology            | <input type="checkbox"/> Physiology                       | <input type="checkbox"/> Translational Neuroscience Program |
| <input type="checkbox"/> Medical Physics         | <input type="checkbox"/> No Preference                    |   |

**C. List science courses taken so far, include grade.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Laboratory Research Experience:**

<u>Dates</u>	<u>Location</u>	<u>Name of Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Spring Semester Ends on: \_\_\_\_\_ Fall Semester Starts on: \_\_\_\_\_

F. How did you learn about this program? \_\_\_\_\_  
\_\_\_\_\_

**G. References: (at least one must be college science faculty)**

<u>Name:</u>	<u>Address</u>	<u>Telephone Number</u>
1. _____	_____	_____
2. _____	_____	_____

**H. Signature.** I certify that all the information given in this application is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email application materials to: [gradprogs@med.wayne.edu](mailto:gradprogs@med.wayne.edu)**