

APPLICATION

Admission to the Ph.D. Program in Medicinal Chemistry

Name: Last First (Preferred Nickname) (Middle Name and Other Names Listed on Records)

Home Phone: Area Code Number Best Time to Call Date of Birth: Month Day Year

Work Phone: Area Code Number Best Time to Call Social Security Number:

Mailing Address: Number and Street City State Zip

Permanent Address: Number and Street City State Zip

E-mail Address

The following information is requested for affirmative action purposes and federal reporting. Supplying it will have not adverse effect on your admission.

Ethnic Origin

American Indian or Alaskan Native (Tribe Location Tribal Enrollment)
 Asian Black or African-American Hispanic or Latino
 Native Hawaiian or other Pacific Islander White Other

GRE EXAM	GRE SUBJECT EXAM
Date Taken: Verbal: Quantitative: Analytical: Score Percentile	Date Taken: Subject: Area: Score Percentile

List in chronological order all colleges you have attended, including the University of Utah, regardless of length of attendance.

INSTITUTION	LOCATION	DATES Mo/Year to Mo/Year	GPA (0-4 scale)	DEGREE & DATE (Awarded or Expected)
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List the undergraduate science courses you have taken and the approximate grade received in each (use A, B, C and list all grades received in a course). Where appropriate, use the course listings below, but also list other, possibly more specialized, courses that you feel were relevant to preparing for a research career.

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|---------------------|-----------------------|
| Biochemistry | Cell Biology |
| Organic Chemistry | Molecular Biology |
| Inorganic Chemistry | Calculus |
| Physical Chemistry | Physics |
| General Chemistry | Quantitative Analysis |

Briefly describe any research projects in which you have participated (include project title, topic, research supervisor and dates).

List the names and institutional affiliations of at least three persons who will be submitting letters of recommendation for you. These should be people familiar with your academic performance or your laboratory experience and research capabilities.

NAME

AFFILIATION

TELEPHONE NO.

Please provide any other information you would like us to consider in evaluating your application.

We invite promising applicants to visit. Please list the names of several faculty you would like to interview with during your visit.

The University of Utah is fully committed to a policy of nondiscrimination and equal opportunity in all programs, activities and employment without regard to race, color, religion, national origin, sex, age or status as a handicapped individual, disabled veteran or veteran of the Vietnam era. Evidence of practices that are not consistent with this policy should be reported to the Office of the President of the University, (801) 581-8635.

All the answers I have given in this application are complete and accurate to the best of my knowledge. If admitted, I agree to observe all rules and regulations of the University of Utah and to pay all fees and charges assessed.

Signature: _____ Date: _____