

Wayne State University School of Medicine
SURE
2024 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