



Graduate Application for Dual Degree Program: BS in Biological Sciences / MSBS in Bioinformatics (“Bio/Bioinfo Pipeline”)

<http://www.utoledo.edu/med/depts/bioinfo/index.html>

Please provide the following information (* indicates required information) and return your application to

Attn; Heather Buska, Program in Bioinformatics & Proteomics/Genomics
Jacobson Center for Clinical & Translational Research
University of Toledo Health Science Campus
3000 Arlington Avenue
CCE Building, 3105G
Mail Stop 1034 Toledo, OH 43614

If you have questions about any aspect of the pipeline program, please talk to your Biological Sciences faculty advisor, and/or contact:

Heather Buska, Bioinformatics Program Secretary – heather.buska@utoledo.edu
Dr. Bob Blumenthal, Bioinformatics Program Director – robert.blumenthal@utoledo.edu

1: Term and Name

Select Term	Year (YYYY)	Fall	Spring	Summer
First Name*		Middle Name		Last Name*

2: Permanent Address

Street Line 1:*

Street Line 2:

City:*

State:*

Zip Code:*

Telephone ()-()

Ohio Residence: Have you lived in Ohio from birth to the current date or have you lived in Ohio for the past 12 consecutive months?*

Michigan Residence: Have you lived in Monroe County, Michigan from birth to the current date or for the past 12 consecutive months?

RESIDENTS OF Lenawee, Hillsdale, McComb, Oakland, Wayne, Washtenaw - Have you lived in this county from birth to the current date or have you lived in this county for the past 12 consecutive months? If yes, please indicate county ...

3: Current Address

Street Line 1:*

Street Line 2:

City:*

State:*

Zip Code:*

Telephone ()-()

4: Personal Information

Citizenship*

Personal e-mail address*

Verify e-mail address*

Rocket ID Number:

Gender*

Birth Date* (MM/DD/YYYY)

What is your ethnicity?

Select one or more races to indicate what you consider yourself to be

5 Program of Study

MSBS Bioinformatics, and Proteomics/Genomics (Bio/Bioinfo Pipeline)

6 Previous College(s) Attended:

College Name:

Six Digit College School Code (If known)

Beginning Date: (MM/DD/YYYY)

End Date: (MM/DD/YYYY)

College Degree:

If not found, enter degree:

Were you or are you under academic suspension from any college or university?

Were you or are you under disciplinary suspension from any college or university?

7 Letters of Recommendation:

For the "pipeline" program, you must submit at LEAST a letter from your undergraduate advisor but up to three letters may be submitted.

8 Statement of Purpose :

Please provide in a separate page your Statement of Purpose, which should be 1-2 paragraphs explaining why you wish to enter the Biol/Bioinfo Pipeline program. Please be certain to include your name on the document.

9 Resume or Other Documents:

Please attach your resume or miscellaneous documents.

10 Choose Ohio First (COF) Form

Please note - The COF award provides a tuition scholarship to OHIO RESIDENTS ONLY who are in the Biol/Bioinfo Pipeline program.

1. Is English your Primary language?
2. If not, please provide TOEFL Score
3. Year and Term in which you wish to begin the assistantship

4. Please list your teaching/research or other practical experience

Institution/Company	Dates Employed	Description of Duties
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i:

ii:

iii:

iv:

5. Additional Facts (include qualifications or skills that may be useful in judging your application)

11 Additional Information

Please enter your answers to the questions. Each answer can be up to 2000 characters in length.

Please list your membership in all scholarly honor societies and professional or technical organizations. Please include offices or committee posts held.

Please list thesis or dissertation topic(s), publications, patents, professional presentations, research in progress, and/or scholarships and distinctions earned.

By entering my name (First name Last name) in the adjacent text box, I certify that the information contained in this application is complete, accurate, and true. I understand that any misrepresentation or omission of facts on this application could be cause for the university to deny admission, refuse to apply reported transfer work toward degree requirements, revoke financial aid, or dismiss me from the university if discovered after I am accepted.

First Name, Last Name:

Date (MM/DD/YYYY)