



UNIVERSITY OF CINCINNATI

**GRADUATE PROGRAM IN MOLECULAR,
CELLULAR & BIOCHEMICAL PHARMACOLOGY**

THE DEPARTMENT OF PHARMACOLOGY & CELL BIOPHYSICS

CHECKLIST FOR APPLICATION TO THE GRADUATE SCHOOL:

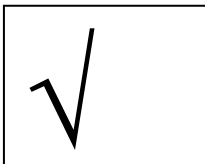
The University application may be completed online at: <http://www.grad.uc.edu>

- _____ University of Cincinnati Application for Graduate Study
- _____ \$40 processing fee (payable online by credit card, or by check or money order). If you choose to use the latter method of payment, please pay particular attention to the instructions given. You must indicate the graduate program of interest (i.e., Molecular, Cellular and Biochemical Pharmacology) in step 1 of the application. This information will be forwarded to us by the Graduate School.

CHECKLIST FOR APPLICATION TO THE DEPARTMENT OF PHARMACOLOGY:

The following materials must be sent directly to the Department of Pharmacology and Cell Biophysics, P.O. Box 670575, University of Cincinnati College of Medicine, Cincinnati, OH 45267-0575.

- _____ Supplementary Application Information form or a Resumé (or curriculum vitae)
- _____ Statement of Career Objectives (one-page)
- _____ Three Letters of Recommendation (please use our forms)
- _____ Official Transcript(s) for all college institutions attended
- _____ GRE scores (photocopies NOT acceptable). Our institution code is 1833; department code 0216.
- _____ TOEFL is required for all international students. TSE and TWE scores are also recommended.



All materials must be received by February 1 in order to be considered for matriculation in the Fall Quarter. Applications are reviewed beginning January 1. Early application is strongly recommended. Late applications may be reviewed for possible vacancies.

Please note: Applications will be considered for Ph.D. degree programs. Applicants interested in M.D./Ph.D. program should apply to that program directly.



Application Deadline: February 1

DEPARTMENT OF PHARMACOLOGY AND CELL BIOPHYSICS
Graduate Program in Molecular, Cellular and Biochemical Pharmacology
SUPPLEMENTARY APPLICATION INFORMATION

FIRST NAME		MIDDLE OR MAIDEN NAME	LAST NAME		SOCIAL SECURITY NO.		
ADDRESS					PHONE NO.		
ALL ACTIVITIES SINCE HIGH SCHOOL (Please indicate military service, but exclude summer and part-time work not relevant to career objective).							
FROM mo/ yr	TO mo/ yr	NAME AND ADDRESS OF EMPLOYER OR ACTIVITY			POSITION / DUTIES		
SCHOLARSHIPS, FELLOWSHIPS OR GRANTS							
FROM mo/yr	TO mo/yr	DESCRIPTION					
ACADEMIC OR PROFESSIONAL HONORS OR AWARDS		KNOWLEDGE OF FOREIGN LANGUAGES		READING EXC. GOOD FAIR		SPEAKING EXC. GOOD FAIR	
PUBLICATIONS, ORIGINAL INVESTIGATIONS, RESEARCH OR SPECIAL PROJECTS, THESES, OR REPORTS:							
Title or brief description (please include references for publications).				ADVISOR		YEAR	
WHAT IS YOUR CAREER OBJECTIVE?							

_____ **Date**

_____ **Signature**

Summarize your career objectives in a one page personal statement. Explain why you wish to undertake graduate study in the Department of Pharmacology and Cell Biophysics at the University of Cincinnati.



DOCTORAL PROGRAM IN

Due February 1

MOLECULAR, CELLULAR & BIOCHEMICAL PHARMACOLOGY

Please complete (typewrite or print) and return to:

GRADUATE DIRECTOR
Department of Pharmacology and Cell Biophysics
University of Cincinnati College of Medicine
P.O. Box 670575
Cincinnati, OH 45267-0575

Applicant: Please complete Part I only and ask a person who knows your academic qualifications, interests and qualifications for graduate study to complete Part II and to return the form.

PART I - APPLICANT

Form with fields for FIRST NAME, MIDDLE OR MAIDEN NAME, LAST NAME, and a table for listing courses with columns for ACADEMIC YEAR, COURSE NUMBER, TITLE, and GRADE. Includes a question about other personal contacts.

Referee, would you please complete PART II and return this form to the above address as soon as possible? If you prefer, you may write a separate letter and attach it to this form completing the signature section at the end of this form. If you do not know the applicant well, please feel free to say so. Such frankness will not prevent consideration of the application. Your comments will be considered privileged and kept in confidence.

Since this report is confidential, please do NOT return it to the applicant, but mail directly to the GRADUATE DIRECTOR, Dept. of Pharmacology and Cell Biophysics, P.O. Box 670575, Cincinnati, OH 45267-0575.

PART II - REFEREE

- 1. I have known the applicant for ___ years and ___ months, and have been
[] department chairman
[] department advisor
[] research advisor
[] teacher in one course only
[] teacher in more than one course
[] other
[] I do not know the applicant well enough to make a recommendation.

- 2. What is your estimate of the applicant's promise as a graduate student? (Please consider such matters as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to work with others, ability to organize and to express ideas clearly in writing and in speech, and drive and motivation).

3. Some gifted individuals make mediocre academic records. In your opinion, does the applicant's academic record, to the best of your knowledge, accurately reflect academic ability?

Yes No I don't know

If your answer is "No", please explain briefly, considering if appropriate, performance of independent study or in research participation programs.

4. Do you know of any matters related to the applicant's character and responsibility or physical or mental health, which should be considered by an admission's committee or will have to be taken into account in planning a graduate program?

5. I would be pleased to have the applicant under my guidance as a:

teaching assistant master's candidate

research assistant doctor's candidate

(Please check all applicable boxes).

6. Summary: Compared to college juniors first-year graduate students

college seniors advanced graduate students

I would rate the applicant in general scholarly ability as:

exceptional (comparable to the very best students whom I have known, whom I rarely encounter more than once every few years)

outstanding (highest 5% - comparable to the best student in current class)

very good (next highest 10%)

good (upper 25% - ability easily identifiable but not in upper 10%)

above average (upper 50% - probably able to qualify for the Ph.D.)

below average (lower 50%)

7. Recommendation for admission: <i>(Please check all applicable boxes).</i>	Doctor's program	Master's program
I would strongly recommend for	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend for	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend with reservations for	<input type="checkbox"/>	<input type="checkbox"/>
I would not recommend for	<input type="checkbox"/>	<input type="checkbox"/>

8. Other comments:

Date	Signature	Full name (please type or print)
<hr/>		
Title		
<hr/>		
Institution	Address	
<hr/>		