The Bioethics Program

Union Graduate College
Mount Sinai School of Medicine

UNION GRADUATE COLLEGE

MOUNT SINAI SCHOOL OF MEDICINE

Master of Science in Bioethics Application

Program of Study (choose one):

MS Bioethics

_____ Clinical Ethics Specialization
_____ Research Ethics Specialization

Certificate Programs

_____ Specialization in Health Policy & Law
_____ Specialization in Clinical Ethics
_____ Specialization in Research Ethics

Joint Programs

☐ **MS Bioethics/MSW@SUNY Albany**

☐ **MS Bioethics/PhD Philosophy@SUNY Albany**

☐ **MS Bioethics/JD@Albany Law School**

☐ **MS Bioethics/MPH@SUNY Albany**

YEAR OF ENTRANCE _____ **DATE OF APPLICATION** _____

Name: Ms/Mr/Dr _____
FIRST **LAST**

Social Security No.: _____ - _____- _____

Mailing Address: _____

_____

Date of Birth: _____ ❑ Male ❑ Femal

Place of Birth: _____

Current Phone: ( ) _____

Country of Citizenship:_____

Cell Phone: ( ) _____

Cell Phone Provider (for emergency system): _____

Home Address: *(if different)* _____

_____

Visa status: _____

Ethnic Origin (optional): _____

Alternate Phone: ( )_____

Email Address: _____

Current Employer/School: _____
(if applicable)

Position Held: _____

Business Address: _____

_____

Business Phone: ( ) _____

(application continues on the next page)

80 Nott Terrace, Schenectady, NY 12308
PH 518-631-9860 **FX** 518-631-9903 bioethics.uniongraduatecollege.edu

PREVIOUS EDUCATION: List all colleges attended (both graduate and undergraduate) starting with the most recent.
Use a separate sheet if necessary.

Name of Institution	Location	Degree	Major	Date of Degree	Date Transcript Requested

LETTERS OF RECOMMENDATION have been requested from the following:

Name	Organization/Position	Phone number & Email

ESSAY QUESTIONS: Maximum length one page

1. Required of ALL applicants: Discuss why you want to enter this program. What do you expect to gain from this program? What background do you bring to your studies?

2. Optional: Include any additional information regarding your personal background, academic record or any other area that will provide the Admissions Committee a more complete understanding of your application.

STANDARDIZED TESTS: May be required at the request of the Admissions Committee.

INTERNATIONAL APPLICANTS:

TOEFL: Date Taken: _____

Applicants whose native language is not English must submit official scores from the Test of English as a Foreign Language (TOEFL). Only test scores not more than two years old will be accepted. Union Graduate College code is 7991.

Transcripts must be translated and evaluated course by course by a Foreign Credential Evaluation Service.

I CERTIFY THAT ALL INFORMATION PROVIDED N THIS APPLICATION AND ACCOMPANYING DOCUMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Applications will NOT be reviewed until all required materials are received.

APPLICATION CHECKLIST (Materials included or sent separately):

- Three Letters of Recommendation
- Official transcripts from all institutions attended.
- Essay as described above
- $60 application fee

MAIL TO: Admissions Coordinator, Union Graduate College, 80 Nott Terrace, Schenectady, NY 12308

FOR ADMISSIONS OFFICE USE ONLY:

❑ Admitted ❑ Denied _____
Date Approval Signature