



## Graduate Program in Biochemistry & Molecular Biology Advanced Standing Application

Saint Louis University Medical Center  
Saint Louis University School of Medicine  
Application to the Ph.D. Degree

### **Please note:**

This is a Ph.D. granting program only.

This application is only for students who already have a Master's degree.

### **The following materials may be sent by email to:**

biochem@slu.edu

### **Or by mail to:**

Saint Louis University School of Medicine  
Department of Biochemistry & Molecular Biology  
1100 South Grand Blvd.  
Doisy Research Center  
Attn: **Chair of Admissions Committee**  
Room 517  
St. Louis, MO 63104-1008

Phone: 314-977-9202

Fax: 314-977-9206

**Due date:** Applications are accepted year round, and admission to the program is done on a rolling schedule.

### **Contact Information:**

____ Mr. ____ Ms.		
<b>Name</b> _____		
Last	First	Middle
<b>Permanent Address</b> _____ _____ _____		<b>Phone</b> _____
<b>Mailing Address</b> _____ _____ _____		<b>Phone</b> _____ <b>Fax</b> _____
<b>E-mail</b> _____		

<b>Date of Birth</b> _____ <b>Place</b> _____  <b>Country</b> _____	<b>SS#</b> _____
If not a citizen of the U.S., of what country are you a citizen?	type of visa _____

**Ethnic Origin** (check box)

- American Indian or Alaskan Native     White, not of Hispanic origin  
 Asian or Pacific Islander                       Hispanic  
 Black, not of Hispanic origin                       Other \_\_\_\_\_

**Education:**

<b>Level:</b>	<b>Name and Location</b>	<b>Years FROM / TO</b>	<b>Date and Degree (or expected date)</b>	<b>Field of Study Major/ Minor</b>
<b>High School</b>				
<b>College(s)</b>				
<b>Graduate School</b>				

Other experience (including research, teaching or technical assistance in a university/ industry or government):

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Academic Honors:

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When did you (or do you plan to) take the Graduate Record Examination (GRE):

Percentile scores (if known):

Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ Advanced:  
Subject \_\_\_\_\_ Score \_\_\_\_\_

Principal nonacademic interests:

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Names, titles, and addresses of three professors and/or professional scientists most familiar with your scientific training and performance.

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**PLEASE HAVE THESE THREE PROFESSORS SEND LETTERS OF RECOMMENDATION TO THE ADDRESS BELOW AS SOON AS POSSIBLE.**

Saint Louis University School of Medicine  
Department of Biochemistry & Molecular Biology  
1100 South Grand Blvd.  
Doisy Research Center  
Attn: Chair of Admissions Committee  
Room 517  
St. Louis, MO 63104-1008

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List names of courses, number of credit hours, and grades for each of the following categories (indicate courses being taken (\*) and expected to be taken (\* \*):

Chemistry		Math and Physics		Biological Sciences	
Course	hrs/grade	Course	hrs/grade	Course	hrs/grade

What is your overall grade point average in college? (A=\_\_\_\_\_pts.)\_\_\_\_\_

**Additional Comments (optional)**

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The following must also be sent to the chairman of the admissions committee to complete this application:

- A. On a separate page write a brief paragraph describing your motivations for pursuing graduate training in the Department of Biochemistry and Molecular Biology. Include your long-term career goals.
- B. At least 3 letters of recommendation.
- C. An official transcript of your college/university grades, undergraduate and graduate.
- D. An official transcript of your Graduate Record Examination (GRE) scores.

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**