

Additional Instructions & Draft of PREP Application

The PREP Application will consist of the following sections:

- I. Personal Data
- II. Non-degree Application Form
- III. Personal Contact Information
- IV. Emergency Contact
- V. Additional Information
- VI. PREP Supplement
- VII. Recommendations

Please find notes below to help you through the application process.

Personal Data

1. Under “Applicant Type” select Non-Degree.
2. Under “Are you applying for financial aid?” select No.

Non-degree Application Form

1. Under “Non-Degree Applicant Type” select Postbaccalaureate Research Education Program.
2. Under “Term” select Summer 2017.
3. Enter highest degree received or will receive in the future.

Additional Information

1. In addition to “Do you consider yourself Hispanic or Latino?”, please make sure to also provide your ethnicity from the list provided.

PREP Supplement

1. Please complete all areas to the best possible extent.
2. Required Section:
 - a. Demographics
 - b. Undergraduate Academic Information
 - c. Education
 - d. Test Scores
 - e. Programs
 - f. Research/Summer Experience (if applicable)
 - g. Personal Statements (complete all 4 prompts)
 - h. Additional Documents (Unofficial Transcript(s) required, CV/Resume is optional)

Recommendations

Three letters of recommendation are required for PREP.

Select "Recommendation Provider List", then "+Add a Provider" to enter recommenders contact information.

Under "School of Interest" select Postbaccalaureate Research Education Program (PREP).

In the message to recommender section at the bottom of the page, inform the recommender that you are applying to CWRU PREP.

Application Fee:

There is no application fee for PREP. Please disregard any mention of an application fee, it will be waived at the end of the process.



Application for Non-Degree Admission

Non-Degree Application Type Postbaccalaureate Research Education

Term Summer 2017

CWRU ID # _____

CWRU Network ID _____

Name
Last Applicant First PREP Middle _____
Preferred _____ Maiden _____

Date of Birth 01/11/1992 Month / Day / Year Gender Male Female Other

Enrollment Information

I have previously applied to or attended Case Western Reserve University. Department _____
I am employed by Case Western Reserve University? Yes No

Permanent Address (International applicants must provide their foreign permanent address.)

Street/Number 10900 Euclid Ave.
City Cleveland State Ohio Zip Code 44106
County (only if Ohio Resident) Cuyahoga Country United States

Address for Admission Mailings (if different from Permanent Address)

Street/Number 10900 Euclid Ave.
City Cleveland State Ohio Zip Code 44106
County (only if Ohio Resident) Cuyahoga Country United States
Until what date is this address effective? 01/01/2020

Telephone Home 2163685655 Cell 2163685655
Business 2163685655 Other 2163685655

E-mail Address malana.bey@weatherhead.cwru.edu

Emergency Contact

Last Name Parent First Name PREP Relation Mother
Street/Number _____
City _____ State _____ Zip Code _____
Country _____ Telephone 2163685655

Ethnicity (optional information to be used for statistical purposes only)

Are you Hispanic or Latino? Yes No
 Native American (Indian or Aleut) Asian Caucasian African American
 Hawaiian or other Pacific Islander Hispanic or Latino Other

Citizenship

I am a U.S. Citizen? Yes No Country of Birth United States
I am a U.S. Permanent Resident? Yes No Alien Registration Number _____

Education

Highest Degree Received BS Major Genetics Graduation Date 05/2016
Institution Attended CWRU

I hereby certify that the information I have provided on this form is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial of admission or dismissal from the Non-Degree program.

Signature of Applicant _____ Date _____

Per the provisions of the Family Education Rights and Privacy Act (FERPA), Case Western Reserve University may not release personally identifiable student records to third parties, with certain specific exceptions, unless the third party has requested the information in writing and the student has consented, again in writing, to its release. The University may release directory information about a student, however, unless the student submits a request that any or all such information not be released. You can set FERPA restrictions to your student information by logging into the Student Information System. Go to SELF SERVICE, then click on CAMPUS PERSONAL INFORMATION, and then click on FERPA RESTRICTIONS.

Applicant Copy

PREP Supplemental

Please complete all areas to the best possible extent.

Demographics

Are you a US Citizen or Permanent Resident?

Are you a US Citizen or Permanent Resident?
Yes No

Do you consider yourself disadvantaged because of social, economic or educational factors?

Do you consider yourself disadvantaged because of social, economic or educational factors?
Yes No

If so, please describe

Undergraduate Academic Information

Undergraduate Institution :

Date Attended From :

mm/yyyy

Date Attended To :

mm/yyyy

Degree :

Date Granted/Expected :

mm/yyyy

Major :

Major is Considered :

Major is Considered : Science
Non-Science

Overall GPA :

Science GPA :

Education

Please indicate which of the following courses you have taken. Check all applicable courses:

Please indicate which of the following courses you have taken. Check all applicable courses:

Please indicate which of the following courses you have taken. Check all applicable courses: Biochemistry

Calculus
Cell or Mol Biology
General Biology
Inorganic Chemistry
Organic Chemistry
Physical Chemistry
Physics
Statistics

Test Scores

If you have taken any of the following tests, please enter best score:

SAT:

MCAT:

ACT:

GRE: Verbal

GRE: Quantitative

GRE: Analytical

Programs

Are you interested in any of the following programs? (Check all that apply)

Are you interested in any of the following programs? (Check all that apply) Ph.D.

M.D./Ph.D.

M.D.

Masters

Research/Summer Experience

Describe any research experiences you have had. For each one, list the location, the duration, your mentor, and the topic of study. Provide a brief summary of the rationale, the experimental approach and any significant results from the study. In addition, please tell us how this influenced your career path and include any publications, honors theses, abstracts, presentations at conferences, etc., that have resulted from this research.

Upload Document

*e.g. .doc, .pdf, .txt,
.xls [More](#)*

Personal Statements


Please provide responses to the following prompts (500 words or less for each response):

- A. Please tell us about yourself: Why did you decide to apply to this program? What are your long term goals? Why are you interested in going to graduate school?
- B. After exploring our website and other resources, how do you think the CWRU PREP will help you toward achieving your immediate career goals?
- C. Are you interested in becoming a professor or faculty member at a University? Why or why not?
- D. Many students have faced personal or economic challenges in pursuing their academic and career goals. What have you overcome in your life?

Upload Document

*e.g. .doc, .pdf, .txt,
.xls [More](#)*

Additional Documents

Please upload a CV/Resume 

Upload Document

*e.g. .doc, .pdf, .txt,
.xls [More](#)*

Please upload your unofficial transcript. (Please note that an official transcript will be required if accepted into the program.)

Upload Document

*e.g. .doc, .pdf, .txt,
.xls [More](#)*

Please upload your unofficial transcript. (Please note that an official transcript will be required if accepted into the program.)

Upload Document

*e.g. .doc, .pdf, .txt,
.xls [More](#)*

Application for Admission

Add A Recommendation Provider

Add Provider

Application for Admission

* indicates a required question

Personal Data

Non-degree Application Form

Personal Contact Information

Emergency Contact

Additional Information

PREP Supplemental

Important Links

Recommendations

Downloadable Forms

Check Your Application

Application Instructions

PRINT FORMS

First Name:*

Last Name:*

Street Address (Line 1):

Street Address (Line 2):

City:

State:

Postal Code:

Country:

Phone:

xxx/xxx-xxxx for a U.S. number

Email Address:

Title:

Employer:

Relationship to you:

School of Interest 

Do you wish to waive your right to examine this letter of recommendation?*

Yes No

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education record, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

Will this provider be submitting the letter of recommendation online?*

Yes No

If Yes, you must provide the email address for online providers and please notify the individual that he/she will be receiving an email from the online application system with the necessary access information.

If you would like to include a personal note in the notification email that is delivered, please use the space below:



Add Provider

[Technical Support](#) | [Privacy & Security](#) | [System Requirements](#) | [Helpful Hints](#) ▲