APPLICATION FOR NON-DEGREE ADMISSION

PERSONAL DATA
Last Name _Applicant_____ First Name _HLB_____ Middle_____

Preferred First_____ Maiden or Previous Name_____

Gender: ☐ Male   ☑ Female   ☐ Other   ☐ Unknown   ☐ Not Listed

Date of Birth: _08/10/1996_____   Email: _gms4@case.edu_____

NON DEGREE APPLICATION FORM
Non-Degree Applicant Type _Heart Lung Blood Research Program_____

Term _Summer 2019_____

EDUCATION
Highest degree received: _BS_____   Major: _Biology_____

Institution Attended: _Kent State University_____ Graduation date: _06/2019_____

Was your degree taught primarily in English? _Y_____

CWRU
Are you currently employed by CWRU? ☐ Yes   ☑ No

7-digit CWRU SIS ID (if applicable) _____   CWRU Network ID (abc123): _____

Have you previously applied to or attended CWRU? ☐ Yes   ☐ No

If Yes, what department: _____

CITIZENSHIP
Are you a U.S. Citizen? ☑ Yes   ☐ No   Do you have dual U.S. Citizenship? ☐ Yes   ☑ No

Country of Birth: _United States_____

Country of Citizenship 1: _____   Country of Citizenship 2 (if applicable): _____

Are you a U.S. Permanent Resident?   ☐ Yes   ☐ No   Alien Registration #: _____

Are you already in the U.S.?   ☐ Yes   ☐ No

   If Yes, what date did you enter on? _____

   If Yes, what date does your I-94 expire? _____

   If Yes, what is your current visa type? _____   If Other, specify: _____

Are you a refugee?   ☐ Yes   ☐ No

PERSONAL CONTACT INFORMATION
Current Mailing Address:

Number and Street Name: _10900 Euclid Ave_____ Address Line 2: _____

City: _Cleveland_____   U.S. State / Province: _Ohio_____

Zip Code: _44106_____   Zip+4: _____   County (if Ohio resident): _Cuyahoga_____

Country: _United States_____   If you plan to move, your mailing address is valid until: _06/01/2019_____

Permanent Address:

Is your permanent address the same as your current mailing address?   ☐ Yes   ☐ No

Number and Street Name: _10900 Euclid Ave_____ Address Line 2: _____

City: _Cleveland_____   U.S. State / Province: _Ohio_____

Zip Code: _44106_____   Zip+4: _____   County (if Ohio resident): _Cuyahoga_____

Country: _United States_____

Telephone:

Home / Main: _2163685655_____   Cell: _____   Other: _____

EMERGENCY CONTACT INFORMATION
Last Name: _Test_____   First Name: _Test_____   Relationship: _Mother_____

Number and Street Name: _10900 Euclid Ave_____ Address Line 2: _____

City: _Cleveland_____   U.S. State / Province: _Ohio_____

Zip Code: _44106_____   Country: _United States_____   Phone Number: _2163685655_____

ADDITIONAL INFORMATION

Diversity:

Do you consider yourself Hispanic or Latino? ☐ Yes ☑ No

Please select one or more of the following categories to describe yourself:

☑ American Indian / Alaska Native ☐ Asian ☐ Hispanic / Latino ☐ White

☐ Native Hawaiian / Other Pacific Island ☐ Black / African American ☐ Unknown / Not Specified

Military Service:

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No If Yes, what branch? _____

Current military status: _____

How did you hear about us?

How did you learn about CWRU? __Alumni_____ If Other, please specify: _____

Inquiry Code:

If your program has given you an inquiry code, please enter it: _____

SIGNATURE

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial of admission or dismissal from the program if I am admitted.

Signature of Applicant: _____ Date: _____

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	Economic
Do you have a disability recognized by the ADA?	Do you have a disability recognized by the ADA? ◯ Yes ◯ No
If so, please describe	
Are you a current MARC trainee?	◯ Yes ◯ No

Academic Information

Current Institution:	Kent State U
Standing:	

☐ Freshman- Undergraduate

☐ Sophomore- Undergraduate

☐ Junior- Undergraduate

☐ 1st Year Medical Student

Expected Graduate Date:	01/2011 *mm/yyyy*
Major or Degree Earned:	01/2011 *mm/yyyy*
Undergraduate GPA:	
MD Applicants' Undergraduate Institution :	Kent State U
Major :	genetic

Major is Considered :

☐ Science

☐ Non-Science

Research Interest

From the list of research interests, select all research areas that interest you:

☐ Angiogenesis

☐ Biology

☐ Cardiovascular Diseases

☐ Cellular Biology

☐ Hematological Diseases

☐ HIV

☐ Immunology

☐ Population Research

☐ Respiration Disorders

☐ Sleep Disorders

☐ Stem Cell Biology

☐ Translational Research

☐ Tuberculosis

Describe your research interest.

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 why you are applying to our program.
B. Please describe any previous or current research experience.
C. From the list of Faculty Preceptors on the webpage, provide a list of 3-5 potential mentors and/or area of research that is/are of interest to you.

Upload Document *e.g. .doc, .pdf, .txt, .xls More*

Additional Documents

Please upload a CV/Resume (optional)

Upload Document *e.g. .doc, .pdf, .txt, .xls More*

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

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Additional Instructions & Draft of HLB Application

The HLB 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.   HLB 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 20YY.
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.

HLB Supplement

1. Please complete all areas to the best possible extent.
2. Required Section:
       a. Demographics
       b. Undergraduate Academic Information
       c. Education
       d. Programs
       e. HLB Supplemental
       f. Personal Statements (complete all 3 prompts in HLB Supplemental)
       g. Additional Documents (Unofficial Transcript(s) required, CV/Resume is optional)

Recommendations

Three letters of recommendation are required for HLB.

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

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

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

Application Fee:

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