

The Bioethics Program

Union Graduate College
Mount Sinai School of Medicine



MOUNT SINAI
SCHOOL OF
MEDICINE

Master of Science in Bioethics Application

Program of Study (chooses one):

_____ **MS Bioethics**

_____ **Certificate: Specialization in Health Policy & Law**

_____ **Certificate: Specialization in Clinical Ethics**

Joint Programs

MS Bioethics/MSW@SUNY Albany

MS Bioethics/PhD Philosophy@SUNY Albany

MS Bioethics/JD@SUNY Albany

MS Bioethics/MPH@SUNY Albany

YEAR OF ENTRANCE _____

DATE OF APPLICATION _____

Name Ms/Mr/Dr _____

Social Security No. _____ - _____ - _____

FIRST

LAST

Mailing Address: _____

Date of Birth: _____ Male Female

Place of Birth: _____

Current Phone: () _____

Country of Citizenship: _____

Cell Phone _____

Home Address: *(if different)* _____

Visa status: _____

Ethnic Origin (optional): _____

Alternative Phone: () _____

Email Address: _____

Current Employer/School: _____

Position Held: _____

(if applicable)

Business Address: _____

Business Phone: () _____

(application continues on the next page)

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.

I CERTIFY THAT ALL INFORMATION PROVIDED IN 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 institution of highest degree earned
- Essay as described above
- \$60 application fee

MAIL TO:

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