

COLLEGE OF PHARMACY AND NUTRITION NUTRITION GRADUATE PROGRAM: INFORMATION FROM APPLICANTS

NAME:				
	Last (Family Name)	First	Middle	
ADDRESS:				
E-MAIL ADDRI	ESS:			
CITIZENSHIP:				

EDUCATION: Please list the undergraduate and graduate programs that you have attended or are attending. If you have not yet graduated, please indicate expected date of graduation.

College, Faculty or School	University and City	Dates Attended From To		Degree & Date Awarded (or Expected)	Overall Average	Rank in Class

Average in the 3rd and 4th year of Bachelor=s degree (if not completed, indicate average to date): _____

Average in Master=s if have completed this degree (if not completed, indicate average to date): _____

GRADING SYSTEM AT YOUR UNIVERSITY:

Please explain the grading system used in the University you attended (state highest and lowest passing grade).

LANGUAGE OF INSTRUCTION: Applicants whose first language is not English must present evidence of proficiency in

English based on TOEFL (minimum score 550 paper based or 213 computer based) or other approved test.

Years of formal instruction in English: Secondary Sch	nool	College	_ Other			
TOEFL (or equivalent) score (if available):						
DEGREE SOUGHT: Masters (M.Sc.)		Doctorate (Ph.D. Special Case)				
Date you would like to begin graduate studies:	(Month)		(Year)			

DETAILS ON THE AREA(S) OF GRADUATE STUDY IN WHICH YOU ARE INTERESTED:

Please provide details in the space below on the area(s) of Nutrition you would like to pursue and your plans following graduate studies.

FINANCIAL SUPPORT:

Are you planning to apply for scholarships or other funding? If yes, please indicate.

If no scholarship or assistantship from your research supervisor is available, can you meet your own expenses?

(Note: students are advised that the Master=s degree program usually requires two years and Doctoral degree program four years. Please consider this in planning financial support.)

PLEASE RETURN THIS FORM ALONG WITH YOUR APPLICATION. THANK YOU.