

Master's Degree in Molecular Diagnostic Science Application for Admission

INSTRUCTIONS:

Please complete all sections of this paper application carefully. The Molecular Diagnostic Science Master's Degree program application is a self-managed application and applicants are responsible for directing all materials appropriately, according to the instructions provided.

The completed application and all supporting materials must be submitted **by mail** (i.e., not faxed or e-mailed) as **one complete packet and post marked by the application deadline**. Incomplete packets will not be reviewed. Use the checklist below to ensure that you have enclosed all required documents and information. Please see the program website (<http://www.med.unc.edu/ahs/clinical/mds/index.html>) for complete information on the program and policies.

The application packet should be addressed to:

MS. SELETHA SHAW
OFFICE OF STUDENT SERVICES
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
MASTER'S DEGREE IN MOLECULAR DIAGNOSTIC SCIENCE PROGRAM
1033 BONDURANT HALL, CB #7120
CHAPEL HILL, NORTH CAROLINA 27599-7120.

APPLICATION CHECKLIST

Do not submit the any part of the application until you have **all** the following:

- Completed application**
- Application fee** (non-refundable check or money order)
See the website for the non-refundable application fee. Make your check or money order payable to University of North Carolina at Chapel Hill with "Application Fee for MMDS" written on the memo line, and mail this with your application. International applicants use international money order. Cash cannot be accepted. The payment must clearly indicate the applicant's full name. Do not staple the payment to the application.
- Official transcripts**
Transcripts from **all** post-secondary (after high school) education must be in sealed envelopes signed across the seal by official university or college registrars. Faxed copies are not accepted. Applicants with education obtained outside the U.S. or Canada must submit a course-by-course evaluation for equivalency reviewed by an evaluation agency. Certified English translations must be provided for international applicants in addition to the transcript in the original language. See the MMDS website for additional details.
- Courses in Progress** (If applicable)
If currently enrolled in college, please provide a copy of your registration for classes in progress. Failure to provide a current course registration may delay the review of your application. Note: be sure to submit an official final transcript with grades of all courses once completed.
- Course Descriptions** (If applicable)
Provide course descriptions for any course that you believe fulfills a program prerequisite, but is titled differently than the prerequisites listed.
- Two Recommendations**
Completed recommendation forms from two persons qualified to evaluate your academic record and/or professional qualifications are required. You should request recommendations from individuals who are familiar with your academic achievement and potential. Please carefully complete the top section of the recommendation form before giving it to your recommender. The recommendation should be returned to you in a sealed envelope signed across the seal by the referees. You must include these unopened in your application packet.
- Description of Profession**
- Statement of Purpose**
- Clinical Rotation Plan**
- Official test scores** (e.g., GRE, TOEFL)
Send a copy of your official test scores with your application. We can not accept electronic records of your test scores from the testing agencies at this time because our on-line application is not yet available. TOEFL scores are reportable for two years from the date of exam. GRE scores are reportable for a period of five years from the date of the exam.
- Application for North Carolina Residency for tuition purposes** (If applicable)
Visit <http://regweb.oit.unc.edu/residency/index.php> for complete information. Residency application forms are available online; however, the forms must be **printed** and sent with the application packet. Do not submit online.
If you have lived in the state of North Carolina for **three years or longer** by the first day of classes of the term for which you are applying, complete the Short Residency Form. If additional information is needed, they will notify you by mail. Short form for graduate/professional students:
http://gradschool.unc.edu/pdf/residency/residency_short_form.pdf
If you have lived in the state of North Carolina **fewer than three years** by the first day of classes of the term for which you are applying, complete the Long Residency Form. Long form for graduate/professional students:
http://gradschool.unc.edu/pdf/residency/residency_long_form.pdf

Master's Degree in Molecular Diagnostic Science Application for Admission

1. Name: _____

Last
First
Middle
Other last names

2. Year of Entry: _____ 3. PID# (for UNC-CH students): _____ 4. U.S. Social Security # _____
 _____ - _____ - _____

You are not required to disclose your SS#. The SS# is requested of US citizens only for the internal purpose of matching your application to standardized test scores (e.g., GRE) and transcripts from previously attended universities. If you choose not to submit your SS#, the processing of your application and its supporting materials will be delayed.

FEDERAL COMPLIANCE INFORMATION (for federal reporting purposes only):
 Completion of ethnicity data is strictly voluntary. A response will in no way adversely affect the consideration of your application.

5. Ethnic Origin (*select one or more*):
 Hispanic Latino Black (including African, African-American, Caribbean, or West Indian) White/Caucasian Choose not to report
 American Indian/Alaskan Native Other (specify: _____)
 Asian/Asian American Native Hawaiian/Pacific Islander

6. Gender: Female Male
 7. Date of Birth: _____ - _____ - _____

Month
Day
Year

CONTACT INFORMATION
 Please notify the Office of Student Services immediately of any change of address, phone, or e-mail address.

8. Current Address: _____

Street
City
State
Zip

_____ County _____ Country, if not in the U.S. This address is valid until: (month/date/year)

9. Home Phone: () _____ 10. Cell Phone: () _____ 11. Work Phone: () _____

Carefully provide one e-mail address that will remain active until you begin the Molecular Diagnostic Science program. We communicate via email primarily, so be sure to monitor this email account often and insure that any SPAM blockers in place have "@unc.edu", "@med.unc.edu", or "@email.unc.edu" on the accepted list.

12. E-mail Address: _____
 13. Permanent Address: _____

(if different than above)
Street
City
State
County
Country
Zip

14. Emergency Contact: _____

First Name
Last Name
Relationship
Phone

_____ Street _____ City _____ State _____ Country _____ Zip

RESIDENCY
 15. Are you claiming North Carolina residency for tuition purposes? Yes
 (If yes, you must complete either the Short or the Long Form and submit this with your application. See <http://regweb.oit.unc.edu/residency/index.php> for information.) No

CITIZENSHIP Information for International Students can be obtained from the Graduate School website (<http://oiss.unc.edu/>). Financial Certificates are required for International Students.

16. Are you a United States citizen? Yes
 If yes, go to question 17. No

Are you a permanent resident alien? Yes
 If yes, list green card receipt # and date awarded here: _____, and list country of origin here: _____ No

Are you a non-resident alien? Yes
 If yes, list country of citizenship here: _____ No

TESTING HISTORY
 17. List testing history (e.g., GRE, TOEFL). A copy of your official scores must be included in your application packet.

Name of test(s)	Date taken/to be taken	Test scores/percentiles

EMPLOYMENT HISTORY

21. Check here if you have no history of employment. Otherwise, list all **relevant** experience.

Job title City	Employer State	Start Date Zip Code	Termination Date Phone
Brief Job Description/Relevancy to MDS program			
(1)			
(2)			
(3)			
(4)			

PROFESSIONAL CERTIFICATION

22. Indicate any certification you currently hold. CLS(NCA) Other _____
 MT(ASCP) none

DISTINCTIONS, HONORS, AWARDS

23. Indicate relevant educational or professional distinctions, honors, or awards. Please indicate basis of selection if award is not well-known.

Distinction/Honor/Award	Date

COMMUNITY/CIVIC ACTIVITIES

24. Indicate relevant community or civic activities, dates of involvement and any offices held.

Activity	Dates	Offices Held

DESCRIPTION OF PROFESSION

25. Attach a brief (255 words or less), typed, description of your perception of the role of molecular diagnostic sciences in the health care team.

STATEMENT OF PURPOSE

26. Attach a 1-page, typed statement indicating your educational and professional goals and a statement of your reasons for pursuing the master's degree in molecular diagnostic science. Also include any special interests, plans, or relevant information pertaining to educational records and career progression.

CLINICAL ROTATION PLAN

27. Attach a typed description of your plans for completing the 6 month clinical rotation component of the program to include potential relocation and conflict with any existing employment.

CAMPUS SAFETY STANDARDS

28. Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. *However*, your failure to provide complete, accurate and truthful information will be grounds to deny or withdraw your admission, or make you subject to disciplinary sanctions after enrollment. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

	YES	NO
Have you ever been convicted of a crime?		
Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?		
Have you otherwise accepted responsibility for the commission of a crime?		
Do you have any criminal charges pending against you?		
Have you ever been expelled, dismissed, suspended, placed on probation or otherwise subject to any disciplinary sanction by any school, college or university?		
If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? Check here if you have never served in the military. <input type="checkbox"/>		

If you answered "yes" to any of the six questions above, please explain the circumstances below, providing details such as date(s), location(s), etc. You must promptly notify the MMDS Admissions Committee in writing of any criminal charge, any disposition of a criminal charge or any school, college or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission or make you subject to disciplinary sanctions after enrollment.

CERTIFICATION & APPLICATION AGREEMENT

29. I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission, may be grounds for dismissal, or make me subject to disciplinary sanctions after enrollment. I authorize the UNC Chapel Hill Molecular Diagnostic Science Admissions Committee to make reasonable inquiries into the accuracy of the information provided, including a criminal background check. I understand that, in accordance with the Family Educational Rights and Privacy Act of 1974, if I am accepted and I matriculate at UNC Chapel Hill, my admission application will be included in my permanent record at the university. I understand that all application materials submitted cannot be returned or reissued. I further agree to obey all rules and regulations of the University and the Master's degree in Molecular Diagnostic Science program as stated in the student policies, the university handbook/catalogue and other university publications. I have read the UNC-CH Honor Code (<http://honor.unc.edu/>) and agree to abide by the established rules and regulations of the university and accept the obligations imposed upon me by the UNC-CH Honor System. My signature will release my records to the Registrar's Office for permanent record-keeping and to departmental faculty and staff. *This application will be returned to applicant if not signed and dated.*

Signature of applicant

Date

How did you find out about the Master's degree program in Molecular Diagnostic Science at UNC-CH?

- Daily Tar Heel Facebook UNC Career Services
 Student Union/Activity TV UNC CLS Newsletter AMP Website Other: _____
 Online Search Personal Letter Current MMDS Student
 Advance Magazine NCSCLS Website Guest lectures in Biotechnology courses
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