STATEMENT OF PURPOSE / Academic Awards, Work Experience, Publications/Organizations

Please mail to: Master of Science in Clinical Research
Charles Drew University of Medicine and Science
Att. : Magda Shaheen
2594 Industry Way,
Lynwood, CA  90262

NAME: as given on the application ______________________________________________________________

Last name  first  middle

TERM FOR WHICH YOU ARE APPLYING  □ Fall 2010  □ Fall 2011  □ Fall 2012  □ Fall 2013

DEGREE OBJECTIVE _______________________________________________________________________

AWARDS/DISTINCTIONS: List academic awards, prizes, honors, fellowships or other distinctions you have received.

PERTINENT WORK EXPERIENCE: List employment occupation or activities pertinent to your graduate goals during or since your collegiate studies.

PUBLICATION/ORGANIZATION: Of pertinent to your field of study, please list your publications and any scholarly or professional organizations in which you hold membership.

Statement or Purpose: On the next page, please state your purpose in applying for additional graduate study, your particular area of specialization, your plans for future occupation or profession, and any additional information that may aid the selection committee in evaluating your preparation and aptitude for this type of graduate study at Charles Drew University.
STATEMENT OF PURPOSE AND OBJECTIVES
Please state your purpose and objectives in applying for advanced study, describe your purpose and objectives in participating in the Master of Science in Clinical Research program at Charles Drew University of Medicine and Science. Provide your long-range professional goals. Include any information that will assist the selection committee in evaluating your application.

__________________________________________  ______________________________________________
Signature                                      Date