

Application for
MD/PhD-MD/
Master's Program
2017-2018

School of
Medicine

School of
Graduate Studies



Full Legal Name _____ OMSAS # _____

Current Address _____

Permanent Address _____
__ Same as above _____

Email Address _____

Two letters of recommendation will be arriving separately from:

	Name	Department/Position	Institution
1.	_____	_____	_____
2.	_____	_____	_____

List all universities attended, and degrees received or expected:

University	Major	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enclose:

- Copies of all undergraduate and graduate transcripts (photocopies are acceptable)
- A current Curriculum Vitae
- Abstracts of any publications, if available
- A letter of intent indicating your research interests and accomplishments, and graduate program(s) of interest.

Signature _____ Date _____

Applications and letters of reference must be received in the Program Office by October 16, 2017.

MD/PhD-MD/Master's Program
Queen's University
80 Barrie St.
Kingston, ON K7L 3N6

Email: mdphd@queensu.ca

Phone: 613 533 3307

Fax: 613 533 3190