

Application for  
MD/PhD-MD/  
Master's Program  
2019-2020

School of  
Medicine

School of  
Graduate Studies



Full Legal Name \_\_\_\_\_ OMSAS Ref # \_\_\_\_\_

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 and Email all of the following to [queensmd@queensu.ca](mailto:queensmd@queensu.ca):

- 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 \_\_\_\_\_

**Letters of reference must be received in the Program Office by October 14, 2019.**

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

Email: [queensmd@queensu.ca](mailto:queensmd@queensu.ca) Phone: 613 533 3307