



UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
 BIOPHARMA EDUCATIONAL INITIATIVE
An Industry and University Collaboration
Application for Biopharma Certificate Program or Course Enrollment

IDENTIFYING INFORMATION

Today's Date _____

Full Legal Name: Last _____ First _____ MI _____

Previous Legal Name(s): _____

Social Security or UMDNJ Student ID # _____

Permanent Street Address _____ If NJ Resident, County _____

City _____ State _____ Zip _____ Country _____

Email Address: *((Please print clearly))* _____

Phone #'s: Home ____/____/____ Business ____/____/____ Fax ____/____/____ Cell ____/____/____

Mailing Address _____ Apt. _____

City _____ State _____ Zip _____

Program of Interest _____ Academic Term: Fall 20__ Spring 20__ Summer 20__

CITIZENSHIP

US Citizen: Yes No Refugee Permanent Resident Alien Reg. Number _____ Exp. Date _____

Country of Citizenship (If not U.S.) _____ Place of Birth: City/Prefecture _____

Visa Classification (Circle one): B1 B2 B1/B2 F1 F2 J1 H1 H4 TN Other ____ Exp. Date: _____

**Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application.*

*Gender: Male Female *Birth Date _____

*Ethnicity: Black Cuban Mexican Caucasian Other Hispanic Asian/Pacific Islander
 Puerto Rican/Commonwealth Puerto Rican /Mainland Native American/Alaskan Other

ACADEMIC HISTORY AT UMDNJ

Have you previously applied to any of UMDNJ schools? No Yes If yes, which school/program and dates? _____

Are you currently enrolled in any UMDNJ School? No Yes If yes, which school/program? _____

GOALS STATEMENT

Please indicate your reasons for applying to this program or course. Attach a separate sheet if necessary.

(Continued on Reverse)

UMDNJ does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status

APPLICATION INSTRUCTIONS

Read through the application form and instructions before entering information. All required documents and fees must be submitted by the deadline to be considered. Online application is available at: www.umdnj.edu/ccoe/biopharma

IDENTIFYING INFORMATION

- Enter your current full legal name and previous legal name(s), if applicable. Ensure that your full legal name is on all application materials. If transcripts are under a different name please have current and previous names submitted with transcripts.
- **Permanent Address** indicates your place of permanent residency. **Mailing Address** represents where you prefer correspondence to be mailed.

CITIZENSHIP

- If you are not a United States citizen, record the country in which you are a citizen and indicate the type of US visa you now hold: (e.g. F1 student, J1 exchange visitor, etc.,)
- Permanent Residents or naturalized citizens must present their original Permanent Resident Card (Green Card), US Passport or Naturalization Certificate to a member of the office staff for proper verification. Copies will not be accepted as original verification.

ACADEMIC HISTORY

Submit an OFFICIAL COPY of your transcript. Have both current and previous legal names submitted with transcripts.

Foreign students must submit **BOTH** of the following:

- Original transcript and a certified English translation, if the transcript is not in English.
- Transcript evaluation by an approved evaluation service (e.g. World Education Services).

RESUME

- Submit a current resume with your application. If you are employed at the present time, resume must include your current position and start date.

LETTER OF RECOMMENDATION

- One letter is required from an individual who can assess your academic ability and potential for successful graduate program study.
- Form may be downloaded from our website: www.umdnj.edu/ccoe/biopharma
- Letter must be sent directly to the address below.

APPLICATION FEE

A \$100 non-refundable application fee is required to be submitted with this application.

Submit all materials to:

UMDNJ – Biopharma Educational Initiative
65 Bergen Street, Room 171
Newark, NJ 07107-3001

I have read and understand the statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I acknowledge that UMDNJ has established these requirements for successful academic progress toward the course/certificate sought. www.umdnj.edu/ccoe/biopharma.

I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, rejection of this application, discipline, dismissal or revocation of grades/certificate.

In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

Signature of Applicant _____ Date _____

*In compliance with the Crime Awareness and Campus Security Act of 1990, the annual UMDNJ security report is available from:
UMDNJ Public Safety Department,
30 Bergen St., Room 520-B, Newark NJ 07107-3001*

For Official Use
____ Method of Payment

Date App Received _____
Date App Sent to Committee _____