



**Ben-Gurion of the Negev Faculty of Health Sciences**  
**Medical School for International Health**  
**in collaboration with Columbia University Medical Center**

Dear Applicant:

We welcome your interest in admission to the 2012 entering class of the Medical School for International Health. Please read the following directions and general information before submitting your completed application materials to the Admissions Office at the address below. If you are a U.S. citizen or U.S. permanent resident, please note that Ben-Gurion University Medical School is approved by the U.S. Department of Education for participation in federally funded student loan programs. When completing your application, you should note the following:

- We do not accept the AMCAS application. Do not enclose all or parts of your AMCAS application as a substitute for this application. Make sure you calculate your GPA and Science GPA and enter that on the application.
- Applications for the entering class of 2012 will be accepted beginning June 1, 2011. Completed applications are reviewed on a rolling basis. It is to your advantage to submit your application with transcripts, test scores, and recommendations as promptly as possible.
- Please include your full legal name: first, middle and last. If you do not have a middle name, please indicate "no middle name". Please write your name as you wish it to appear on all University records. Note this is how your name will appear on your transcript, diploma and other university documents. Please write clearly in block capitals because changes cannot be made after registration (with the exception of legal name changes)
- Please have your transcript(s), letters of recommendation, and medical college admissions test (MCAT) scores mailed to us at the address below as soon as possible. You may email us the sixteen digit verification code used to obtain your MCAT score report, and we will print out your MCAT test score. All other documents must be mailed; we cannot accept digital version of transcripts or letters of recommendation. (*To retrieve the 16 digit code, please go to [aamc.org/mcat](http://aamc.org/mcat), log in, and find the option to "print an official copy of my MCAT scores." Your information and the 16-digit alphanumeric code will appear.*)
- We will provide names and email addresses of MSIH alumni and/or students to applicants who have been offered admission. After acceptance to the Medical School for International Health, students may participate in conference calls so they (and family members) can speak with enrolled students and staff.
- After completing the application, please mail a check or money order for \$95.00 (U.S.) drawn on a U.S. bank or branch, payable to BGU-CU MSIH (Ben-Gurion University-Columbia University Medical School for International Health). We cannot process credit card payments and we cannot receive money orders by wire, it must be a hard copy.

For questions about your application status please call 212-305-9587 or email [bgcu-md@columbia.edu](mailto:bgcu-md@columbia.edu).

Sincerely,

*Pamela Cooper*  
Pamela Cooper, M.A.  
Administrative Director

Ben-Gurion University of the Negev Faculty of Health Sciences  
**Medical School for International Health**  
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## Application for Admission

Full name: \_\_\_\_\_  
*First Middle Name (if no middle name, please indicate "no middle name") Last*

Please include your full legal name: first, middle and last. If you do not have a middle name, please indicate "no middle name". Please write your name as you wish it to appear on all University records.

Note: this is how your name will appear on your transcript, diploma and other university documents. Please write clearly in block capitals because changes cannot be made after registration (with the exception of legal name changes).



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**Application for Admission**  
 Entering class of 2012

Office Use ONLY

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Interviewer #1 Rating

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Interviewer #2 Rating

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Final Decision \_\_\_\_\_

Affix photo here or email a jpeg with your name as the file name to [bgcu-md@columbia.edu](mailto:bgcu-md@columbia.edu) or [am837@columbia.edu](mailto:am837@columbia.edu)

**Applicant Personal Data**

Full name: \_\_\_\_\_  Female  Male  
First Middle Initial Last

*(please spell your name EXACTLY as it is written on your passport. This spelling will be used for all University correspondence, including school diploma)*

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last four digits of Social Security/National Identity number: \_\_\_\_\_  
month day year

Place of birth: \_\_\_\_\_  
City State/Province Country

Legal permanent address: \_\_\_\_\_  
Street Apt City/State Country Postal Code

Permanent phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_  
Street Apt City/State Country Postal Code

Preferred phone number: \_\_\_\_\_

Single  Married Number of children:  none  one  two  three  four or more

Citizenship(s): (List every country of citizenship): \_\_\_\_\_

Passport number(s): \_\_\_\_\_ Issuing Country(s): \_\_\_\_\_

Father's name, citizenship and occupation: \_\_\_\_\_

Mother's name, citizenship and occupation: \_\_\_\_\_

\$95 Application fee enclosed (check or money order must be drawn on US Bank or branch)  Yes  No

## Ethnic/Racial Background (optional)

The information requested below is optional. Please respond to questions 1 and 2.

### Question #1- Ethnicity: Are you Hispanic/Latino?

Yes, Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

No, not Hispanic or Latino.

### Question #2 - Race: What is your race?

American Indian or Alaskan Native - A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## Academic Information

High school attended: \_\_\_\_\_ State/Country \_\_\_\_\_

If you did not attend college immediately after high school, or if there was more than a six month break in your studies, briefly state the reasons. \_\_\_\_\_

Undergraduate college/university: \_\_\_\_\_ State/Country \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

If your college education has been interrupted for any reason, please attach a list of all significant activities and dates, the duration of the interruption, and how your time was spent.

GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_ Class rank/standing (if available): \_\_\_\_\_

MCAT: \_\_\_\_\_ MCAT verification code: \_\_\_\_\_

Month/Year Verbal Physical Science Biological Science Writing

AAMC ID # \_\_\_\_\_

If English is not your native language, please provide your TOEFL score: \_\_\_\_\_ Month/Year \_\_\_\_\_

Have you previously applied to the Medical School for International Health?  No  Yes, entering class 20\_\_

Have you previously attended, or are you now attending another medical school?  Yes  No

If yes, dates attended: \_\_\_\_\_ to \_\_\_\_\_. Number of years of completed medical study: \_\_\_\_\_

If yes, are you applying as a transfer student?  Yes  No

Medical School attended: \_\_\_\_\_

School Name

Country

(You must provide MCAT scores that are no more than four years old and transcripts for all coursework. All transfer applications will be reviewed on a case-by-case basis.)

Applicants must have or expect to receive an undergraduate degree before entering MSIH. Your coursework must include one year of biology, one year of physics, and two years of chemistry, one of which must be organic chemistry with labs and lectures.

In 2011-2012 I will be a  Senior  Graduate (indicate field of study) \_\_\_\_\_  
 non-matriculated

I have completed, or will complete before July 2012,  three  four full years of college work.

I have received, or expect to receive before July 2012, the degree of \_\_\_\_\_ from \_\_\_\_\_

If courses that we require for admission have been taken at a school not listed above, please list those schools, dates of study, and GPA: \_\_\_\_\_

School(s)	Date(s) of study	GPA	Science GPA
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Please list any advanced degrees: \_\_\_\_\_  

Degree(s)	Date(s) received	University(s)	GPA	Science GPA
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In what collegiate extra-curricular activities did you engage? \_\_\_\_\_

Please list collegiate honors, awards, and memberships in honorary societies. \_\_\_\_\_

How many hours per week, if any, did you spend in compensated work during the academic year? \_\_\_\_\_

What kind of work did you do (include summer employment)? \_\_\_\_\_

Have you ever been suspended or placed on academic probation at any institution of higher learning?

No  Yes If yes, indicate the date and reason: \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes If yes, indicate the date and reason: \_\_\_\_\_

## Recommendations

Does your college/university have a pre-medical committee:  Yes  No

Have you requested a recommendation from your college pre-medical committee or advisor?  Yes  No

If you will not have a committee letter, please list the names of at least three people who will submit recommendations (you may submit additional recommendations if desired):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## Information Release

Please let us know how you learned about the MSIH:

Website  Pre-health Advisor  Professor  MSIH Alumni/Student  Email announcement  
 Campus visit  Conference  Advertisement  News article  Brochure  Facebook

We periodically inform pre-health advisors of admissions decisions or respond to their inquiries on behalf of students. Please indicate whether we have permission to share admissions info with your advisor/committee. I permit the MSIH to share admissions information with my pre-health advisor or committee.  Yes  No

## Personal Statement and Essays

Please answer all questions on a separate sheet of paper. Be sure to include your name. Question #1 should be no longer than one page, all other answers may be 3/4 of a page, single-spaced, and typed.

1. Please describe your education, skills, and/or experiences that are relevant to global health.
2. Please provide a short biographical sketch of yourself.
3. What is the biggest challenge that you have faced to date? How did you handle it? In retrospect, what would you or could you have done differently?
4. Describe an ethical dilemma you have faced at any time in your life.
5. Outline your major accomplishments to date, and please include all medical and health-related experiences that have influenced your decision to pursue a medical degree.

## Application signature and submission

The admission and registration of the undersigned, if granted pursuant to this application, is subject to all rules and provisions set forth in the statutes and announcements of the university. I hereby certify that all information provided in my application is truthful, accurate, and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

After completing the application, please e-mail the application to [bgcu-md@columbia.edu](mailto:bgcu-md@columbia.edu), or print it out and return it by mail, Federal Express, or UPS. Please mail the \$95.00 application fee in check or money order form (U.S. dollars only and drawn on a U.S. bank or branch), payable to BGU-CU MSIH (Ben-Gurion University-Columbia University Medical School for International Health) to:

Admissions Office  
BGU-CU MSIH  
Columbia University Medical Center  
630 West 168th Street, PH15E-1512  
New York, NY 10032

We will notify you by email when your application has been received. After initial processing, we will provide an email update on the status of your application. You may contact the admissions office approximately six weeks after submission to see what documents, if any, are missing from your application. We will notify you by email, mail, and/or call you if the Admissions Committee requests an interview.

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE REVIEWED UNTIL ALL RECOMMENDATIONS, TRANSCRIPTS, TEST SCORES AND FEES ARE SUBMITTED

*All information, dates, and costs outlined in admissions materials and application are correct at the time of printing and are subject to change without notice. Please visit <http://www.cumc.columbia.edu/dept/bgcu-md> for the most up-to-date information.*

email

print



# Listing of Additional Courses (if needed)

Academic Year 20\_\_ to 20\_\_

College attended: \_\_\_\_\_

Subject	Course Title	Semester Hours	Grade	Subject	Course Title	Semester Hours	Grade

Academic Year 20\_\_ to 20\_\_

College attended: \_\_\_\_\_

Subject	Course Title	Semester Hours	Grade	Subject	Course Title	Semester Hours	Grade

Academic Year 20\_\_ to 20\_\_

College attended: \_\_\_\_\_

Subject	Course Title	Semester Hours	Grade	Subject	Course Title	Semester Hours	Grade

Academic Year 20\_\_ to 20\_\_

College attended: \_\_\_\_\_

Subject	Course Title	Semester Hours	Grade	Subject	Course Title	Semester Hours	Grade

GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_