



Columbia University
College of Physicians & Surgeons
Institute of Human Nutrition



Application for Admission to the M.S. Program

GENERAL INSTRUCTIONS FOR THE APPLICATION PROCEDURE

Review the information in the latest bulletin of the Institute to make certain that you meet the minimum requirements for the Master of Science Program. For those wishing to apply to the Ph.D. program, you should obtain the application from the Admissions Office of the Graduate School of Arts and Sciences, 701 West 168th Street, Room 205, New York, NY 10032. Applicants who do not meet the minimum requirements for the degree of interest cannot be considered for admission. For those interested in enrolling for up to two courses only, complete 1-5 from the list below, and sections 1- 4 of the application. Additional information may be requested as needed. Please type the application or complete clearly in ink. Answer all questions completely and accurately. In addition to completing the application form, you are responsible for seeing that the following items are received in our office with your section of the completed application:

1. Two recent full-face (headshot) color **passport** photographs (**approximately 2 x 2 inches**), with your name printed in ink on the back.
2. Three self-addressed adhesive mailing labels with your preferred mailing address for admissions correspondence. Do not send envelopes.
3. A \$95 check or money order made payable to Columbia University. This fee is nonrefundable.
4. A report of test scores from the Graduate Record Examination or Medical College Admission Test (For testing dates and further information, contact the Educational Testing Service, Princeton, NJ 08540 or the American College Testing Program PO. Box 451, Iowa City, Iowa 52240). For foreign students who do not have an undergraduate degree from a US university; the TOEFL is required.
5. An official transcript from each college or institution in which you have been enrolled for undergraduate or graduate work, or for continuing education courses. If you have not yet completed a current program of study, please send a transcript showing work to date, and then send a final transcript upon completion of the degree.
6. Letters of Recommendation (on the enclosed forms) from two or three people who are acquainted with your academic or professional work. For the convenience of each person writing a letter of recommendation, you should fill in the top four lines of the form and provide a stamped envelope addressed to our office.

COMPLETED APPLICATION SHOULD BE SENT TO:

Office of Student Affairs
Columbia University
Institute of Human Nutrition
630 West 168th Street
Presbyterian Hospital, 15th Floor East, Suite 1512
New York, NY 10033

Application Term: Fall / Spring Year: _____
(circle term entering)

1. Personal Data

FIRST NAME MIDDLE / MAIDEN NAME LAST NAME

PLEASE INDICATE ANY VARIATIONS ON YOUR NAME (E.G., MAIDEN NAME) USED ON OFFICIAL RECORDS

DATE OF BIRTH

PLACE OF BIRTH CITIZEN OF (VISA TYPE)

PRESENT MAILING ADDRESS

HOME PHONE NUMBER CELL WORK E-MAIL

ABOVE MAILING ADDRESS CAN BE USED UNTIL ALTERNATE EMAIL ADDRESS

NAME OF PARENTS, SPOUSE, OR CLOSEST LIVING RELATIVE

ADDRESS

PHONE NUMBER

+++++
MY NEW MAILING ADDRESS AS OF DATE: _____ WILL BE:

STREET / NUMBER CITY STATE ZIP

NEW CONTACT NUMBERS HOME CELL EMAIL

2. Education

Please provide, in chronological order, the information about each college or university you have attended

Name and Location	Dates of Attendance		Primary Area of Specialization	Degree/Date
	From	To		
Undergraduate				
Graduate/Professional				

If you have received any academic honors, please list them:

If you have ever been dismissed or suspended from any academic institution, please indicate here and explain in your personal statement.

Test Scores: On what date(s) have you taken, or will you take, the Graduate Record Examination or the Medical College Admission

Test? GRE _____ MCAT _____

Please arrange to have a report of your scores sent directly to the address on page I of this application.

Recommendations: Please give the names and addresses of two or three people who are acquainted with your academic or professional work, and whom you have asked to complete letters of recommendation:

FULL NAME

TITLE

ADDRESS

FULL NAME

TITLE

ADDRESS

FULL NAME

TITLE

ADDRESS

3. Experience

Please indicate below your major work experience.

NAME OF EMPLOYER	ADDRESS	TYPE OF WORK	DATES
NAME OF EMPLOYER	ADDRESS	TYPE OF WORK	DATES
NAME OF EMPLOYER	ADDRESS	TYPE OF WORK	DATES

4. General Information

Do you plan further study after completion of the M.S. program? Yes / No

If yes, please describe your plans: _____

Have you ever applied or are you currently applying to any other division of Columbia University? Yes / No

If yes, when and what division _____

If you have corresponded or conferred about your application with a Columbia University faculty member or officer, please give name and date : _____

How do you plan to cover the expenses of your training for the M.S. program? Loans / Scholarship

Other: _____

Please indicate how you learned about the MS Program in Human Nutrition:

Received Flyer Web Site Pre_Health Advisor Professor Alumni or Student Email

Campus Visit Conference Advertisement News Article Brochure Bulletin Boards

5. Personal Statement

On a separate piece of paper please describe your background, your reasons for selecting nutrition as a course of study, any past work in your intended field of study, and your plans for graduate study and a professional career. If you are currently in a graduate program at another university, please explain why you wish to transfer.

The information on this form is complete and accurate to the best of my knowledge. I authorize the Institute to write to my employers and to all other references given on this form, with the following exceptions:

NAME	ADDRESS
SIGNATURE OF THE APPLICANT	DATE

Letter of Recommendation

Office of Student Affairs
Institute of Human Nutrition
Columbia University
Presbyterian Hospital, 15 East (Room 1512)
630 West 168th Street
New York, NY 10032

Letter of Recommendation for:

NAME OF THE APPLICANT

ADDRESS OF THE APPLICANT

NAME OF PERSON WHO WILL COMPLETE THIS FORM

To the Academic or Professional Sponsor:

This form is submitted to you for an opinion on the applicant's qualifications for graduate work. If possible, please compare the applicant with others known to you who have attended this school. Please discuss how you know the applicant and his/her principal strengths and any area that you believe requires further development. Please feel free to use both sides of this form.

SIGNATURE

DATE

TITLE

INSTITUTION

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SIGNATURE

DATE

TITLE

INSTITUTION

Please attach to the front of your application

Last name: _____ **First name:** _____ **Middle name:** _____

Email: _____ **Alternate Email:** _____

Home telephone #: _____ **Cellular:** _____

Current mailing address: _____

City, State, Zip/Postal Code, Country: _____

Permanent mailing address: _____

City, State, Zip/Postal Code, Country: _____

Citizenship: _____ **Social Security Number:** _____ **Date of Birth:** _____

Undergraduate University: _____

Major: _____ **Grade Point Average:** _____

Degree Earned (or will earn): _____

Graduate University: _____

Major: _____ **Grade Point Average:** _____

Degree Earned (or will earn): _____

Test Scores

MCAT Total _____ **Verbal** _____ **Physical** _____ **Biological** _____ **Writing** _____ **Date Taken** _____

GRE Total _____ **Verbal** _____ **Quantitative** _____ **Analytical** _____ **Date Taken** _____

TOEFL _____ **Date Taken** _____

DAT _____ **Date Taken** _____

PCAT _____ **Date Taken** _____

Application for incoming class of Fall (write in year) _____
