

**APPLICATION FORM - 2008**  
**U.S. - BRAZIL CONSORTIUM**  
***Biomedical Sciences Exchange (BSE)***  
***Wright State University***  
***Central State University***

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PLEASE TYPE OR PRINT LEGIBLY

Name \_\_\_\_\_

Institution:    WSU    CSU

Class:         Sophomore    Junior    Senior    Graduate Student      Gender:  Male    Female

Major or Program \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

SAT (or ACT) scores: VERB \_\_\_\_\_ MATH \_\_\_\_\_

Test Date \_\_\_\_\_ GPA \_\_\_\_\_

University Mailing Address

Home Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No (You must be a citizen or permanent U.S.resident to participate in this program)  
Please indicate the group(s) in which you would include yourself:

\_\_\_ Native American/Alaskan Native   \_\_\_ Hispanic   \_\_\_ Black/African American   \_\_\_ Caucasian   \_\_\_ Asian

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**INSTRUCTIONS:** All of the following materials must be submitted before an application is considered.

1. APPLICATION FORM

2. STATEMENT OF ACADEMIC INTERESTS AND CAREER GOALS: Statement should be one page and typed. Please indicate your level of proficiency in Portuguese or Spanish (course work or informal experience).

3. ACADEMIC TRANSCRIPT: A copy of the undergraduate or graduate transcript. Transcripts may be sent with the application or directly from registrar.

4. LETTERS OF RECOMMENDATION: Two letters of recommendation from academic faculty, sent with the application or separately.

Send Application to:

Khalid Elased, R.Ph., Ph.D., Program Director

Cathy Winslow, Coordinator

Department of Pharmacology and Toxicology

Boonshoft School of Medicine, Wright State University

3640 Col Glenn Highway

Dayton, OH 45435

E-mail: catherine.winslow@wright.edu

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