

# Boston University School of Public Health Boston University Boston University Summer Institute for Training in Biostatistics Dates: June 8, 2015 – July 17, 2015 Application Deadline: March 6, 2015

Name Ema				Emai	il		
		Your Cur	rent Address		Your Permanent Addr	ess	
Stre	et						
City	7						
Stat	e, Zip Code						
Pho	ne Number						
	ler: 🛛 Mal itizenship/Res	e 🛛 Female	Citizen 🖵 U		manent Resident D Other		
Date	of Birth (mm/	/dd/yy):					
Whic	h of the follov	ving best describes	your race:				
	Black (not of Hispanic origin)   Hispanic						
Whe	re did you hea	r about this progra	am?				
Scho	ol you are cur	rently attending: _				_	
Majo	or:						
Curr	ent Academic	Level as of March Sophomore	6, 2015 (check o		Other (specify)	-	
Over	all GPA: and/or ACT s SAT: Rea	ted: Month on ascale core: Month/Year: ding Writing lish:Math:	e/ g: Math:		ence Writing: Composite:		
		•			llege courses taken and grade rece		
Year	Cor	urse Title	Grade	Yea	r Course Title	Grade	

Name	Email	

Sister Programs

In the event that all of the slots in the Boston University SIBS program are filled, would you be interested in having your application forwarded to one of our seven sister programs?

□ Yes □ No

## **References**

In the space below please provide the names, titles, relationships and contact information of two evaluators. Include their letters of recommendation with your admission package.

	Faculty Advisor or Academic Reference	Academic or Other Reference
Name		
Title or Position		
Relationship to Applicant		
Institution or Company		
Street Address		
City		
State, Zip Code		
Phone Number		
Email		

### Be sure to submit:

- ✓ Completed Application pages 1 & 2
- ✓ Personal Statement of Interest
- ✓ Two Letters of Recommendation
- ✓ Official Transcript

### Mail everything together to:

The Boston University Summer Institute in Biostatistics c/o Lisa Sullivan Boston University School of Public Health Department of Biostatistics Crosstown Center 801 Massachusetts Ave, 3rd Floor Boston, MA 02118

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# **Personal Statement of Interest**

In the space below please provide a statement describing your background and experience, along with reasons for your interest in our program. Attach an additional page if necessary.

<b>Recommendatior</b>	n for Admission		
<b>Boston Universit</b>	y Summer Institut	te for Training	in Biostatistics

Applicant's Name:		
Evaluator's Name:		
Title or Position:	Institution or Company:	
Telephone:	Email:	

In the space below please describe the strengths and weaknesses of the applicant as a potential student in the Boston University Summer Institute in Biostatistics. Attach an additional page if necessary.

<b>Recommendation</b> fo	r Admission	
Boston University Su	ummer Institute for T	<b>Training in Biostatistics</b>

Applicant's Name:		
Evaluator's Name:		
Title or Position:	Institution or Company:	
Telephone:	Email:	

In the space below please describe the strengths and weaknesses of the applicant as a potential student in the Boston University Summer Institute in Biostatistics. Attach an additional page if necessary.