



Undergraduate
Pharmacology
Stony Brook University

Application for Admission to the Undergraduate Pharmacology Program at Stony Brook University

1. Last Name: _____ First Name: _____

2. Email: _____ Phone: _____

3. Permanent Address: _____

4. Current Address: _____

5. Current SBU Students:

Anticipated graduation date from Stony Brook: _____ Current GPA*: _____

Stony Brook ID#: _____

6. Transfer Students:

College Attended: _____ GPA*: _____

7. High School Attended: _____ GPA*: _____

8. Honors and Awards: _____

9. The Pharmacology major requires the completion of a senior research thesis prior to graduation. Please indicate your level of interest in working in a research lab (circle one):

A) Low B) Moderate C) Average D) Above Average E) High F) Very High

10. Future goals (medical school, graduate school, industry, etc.): _____

11. Signature _____ Date: _____

12. Attach photocopies of transcripts (unofficial transcripts are OK) and return the completed application to: Undergraduate Pharmacology Program, Stony Brook University, BST-8, Room 140, Stony Brook, NY 11794-8651, or fax your application to: 631-444-9749.

Thank you for your interest in our program!

*Students with a GPA of less than 3.3 may be asked to submit one letter of recommendation in addition to the other application materials.