LIU Post

Name: _____

Date of Birth: ☐☐ ☐☐ ☐☐☐☐ (month / day / year)

Last 4 Digits of SS# ☐☐☐☐

GENETIC COUNSELING GRADUATE PROGRAM APPLICATION

Department of Biology • Genetic Counseling Graduate Program
516-299-2481 • liu.edu/post/genetic

Students applying for the M.S. in Genetic Counseling must complete:

1. LIU Post Online Application for Admission available at liu.edu/post/apply
2. Genetic Counseling Graduate Program Application
3. Personal statement

Please complete this six-page departmental application as a fillable PDF. If you need additional space to include all of your information, continue your list in a Microsoft Word (or similar) document.

If you have any questions about completing the applications, please contact the Genetic Counseling Graduate Program Office at **516-299-2481 or email Gina Famulare at gina.famulare@liu.edu.**

Important

A criminal conviction and/or the use of illegal drugs may impede or bar entry into the genetic counseling profession. You should be aware that clinical and hospital sites may reject a student, or remove a student from their site, if a criminal record is found or if a positive drug test is noted. Inability to gain clinical training will result in the inability to meet program objectives and outcomes. Inability to meet objectives and outcomes will result in your failure to complete the program requirements, thus requiring your withdrawal from the program.

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I. Coursework: List the courses in each subject that you feel best fulfill the program requirements and are relevant to the field of genetic counseling.

Biology

Course Name	Course #	College/University	Credits	Grade

Chemistry

Course Name	Course #	College/University	Credits	Grade

Organic Chemistry

Course Name	Course #	College/University	Credits	Grade

Genetics

Course Name	Course #	College/University	Credits	Grade

Biochemistry

Course Name	Course #	College/University	Credits	Grade

Statistics

Course Name	Course #	College/University	Credits	Grade

Counseling/Psychology

Course Name	Course #	College/University	Credits	Grade

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Additional relevant coursework

Course Name	Course #	College/University	Credits	Grade

II. Academic awards, honors and scholarships

Year	Name of Award, Honor or Scholarship	Given By

III. Genetic counseling experience (shadowing, meeting with a genetic counselor, etc.):

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

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IV. Advocacy/Health care experience (paid or voluntary):

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

Organization/Name _____ Date(s)_____ Hours/Week_____

If training and/or supervision was provided, briefly describe: _____

_____

Briefly describe your experience: _____

_____

V. Extracurricular activities including leadership positions:

Organization/Activity _____ Date(s)_____ Hours/Week_____

Briefly describe your experience: _____

_____

Organization/Activity _____ Date(s)_____ Hours/Week_____

Briefly describe your experience: _____

_____

Organization/Activity _____ Date(s)_____ Hours/Week_____

Briefly describe your experience: _____

_____

Organization/Activity _____ Date(s)_____ Hours/Week_____

Briefly describe your experience: _____

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VI. Research Experience:

Description of Research _____ Date(s) _____ Hours/Week _____

Briefly describe the project and your role: _____

_____

If publication, include reference _____ Mentor/PI _____

Description of Research _____ Date(s) _____ Hours/Week _____

Briefly describe the project and your role: _____

_____

If publication, include reference _____ Mentor/PI _____

Description of Research _____ Date(s) _____ Hours/Week _____

Briefly describe the project and your role: _____

_____

If publication, include reference _____ Mentor/PI _____

Description of Research _____ Date(s) _____ Hours/Week _____

Briefly describe the project and your role: _____

_____

If publication, include reference _____ Mentor/PI _____

VII. List other relevant skills, abilities or expertise:

_____

_____

_____

VIII. Describe any circumstances you believe put you at a disadvantage by negatively affecting your preparation for graduate school:

_____

_____

_____

IX. Complete the following information about your references:

Name	Title	Institution	Relationship to Applicant

X. Personal Statement: Use the next page provided for your personal statement