

Name:		
Date of Birth: day year		
Last 4 Digits of SS#		

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

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

- 1. LIU Post Online Application for Admission available at liu.edu/post/apply
- 2. Master of Science in Genetic Counseling Departmental Application

Please complete this four-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. Print your application and send it to the address below. Hard copies of all reference letters should include your name and last four digits of your Social Security Number. Send all application materials to:

LIU Post Admissions Processing Center P.O. Box 805 Randolph, MA 02368-0805

If you have any questions about completing the applications, please contact the Genetic Counseling 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.

Name:				
Date of Birth:	onth day	year Las	st 4 Digits of SS#	
requirements		ourses in each subject t relevant to the field of o	that you feel best fulfills th genetic counseling.	ne program
Biology		Calla sea // hab carette :	O114	
Course Name	Course #	College/University	Credits	Grade
			I	
Chemistry (inclu			1	
Course Name	Course #	College/University	Credits	Grade
Genetics			1	
Course Name	Course #	College/University	Credits	s Grade
Biochemistry	10 "	1 2 11 11 11 11	O 154.	
Course Name	Course #	College/University	Credits	Grade
_			l	
Statistics		1	1 - "	
Course Name	Course #	College/University	Credit	s Grade
Counseling/Psyc				
Course Name	Course #	College/University	Credits	s Grade

Name:							
Date of Birth:	month	day	year	Last 4 Dig	its of SS#		
Additional rel	evant cc	oursework					
Course Nam	е	Course #	College/University			Credits	Grade
		-	and scholarships				
Year	Name c	of Award, Hono	r or Scholarship		Given By		
meeting	with a g	genetic cour	e experience (panselor or other h	ealth care p	rofessional:	lours/Week_	
Briefly descril	be your	experience: <sub>.</sub>					
Organization/Name Date(s) Hours/Week							
If training and/or supervision was provided, briefly describe:							
-							
Organization/Name Date(s) Hours/Week Hours/Week Hours/Week Date(s) Date(s) Hours/Week Date(s)							
Briefly descril	be your	experience: <sub>-</sub>					

Name:			
Date of Birth: day year	Last 4 Digits o	f SS#	
IV. Extracurricular activities including lea	dership positions:		
Organization/Activity	Date(s)	Hours/Week	
Briefly describe your experience:			
Organization/Activity	Date(s)	Hours/Week	
Briefly describe your experience:			
Organization/Activity			
Briefly describe your experience:			
Organization/Activity			
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	
Priofly describe your experience:			

Name:						
Date of Birth: month	day year	Last 4 Digits of SS#				
V. Research experier	nce					
Description of Research		Date(s)	Hours/Week			
Briefly describe the proje	ect and your role:					
If publication, include refe	erence		_Mentor/P			
Description of Research		Date(s)	Hours/Week			
Briefly describe the proje	ect and your role:					
If publication, include refe	erence		_Mentor/P			
Description of Research		Date(s)	Hours/Week			
Briefly describe the proje	ect and your role:					
If publication, include refe	erence		_Mentor/P			
VI. List other relevant skills, abilities or expertise						
_	umstances you believe or graduate school.	put you at a disadvanta	ige by negatively affecting			
N/III O a readata the follo						
Name	wing information about		Relationship to Applicant			