

APPLICANT'S NAME _____
(please print)

To the applicant: *This form must be printed, signed, and mailed with a \$45.00 application fee for domestic applicants, \$55.00 application fee for international applicants, or a \$35.00 application fee for MALS program applicants. You may use check or money order; **cash and credit cards are not accepted.** The fee must be received by the appropriate Graduate School Office before the application can be processed.*

Please sign: To the best of my knowledge, the information contained in this application is a true and accurate account. The Admissions Committee may verify any and all parts of my application material.

Signature of applicant _____

Email address _____ **Date** _____

BIOMEDICAL SCIENCES
BOWMAN GRAY CAMPUS

If you are applying to the program in:

Biochemistry and Molecular Biology, Cancer Biology, Comparative Medicine, Health Sciences Research, Microbiology and Immunology, Molecular and Cellular Pathobiology, Molecular Genetics, Molecular Medicine, Neurobiology and Anatomy, Neuroscience, Physiology and Pharmacology

Make the check or money order payable to:

Wake Forest University School of Medicine

Please send this form and the application fee to:

Dean of the Graduate School
Wake Forest University
Graduate School of Arts and Sciences
Biomedical Sciences, Bowman Gray Campus
Medical Center Boulevard
Winston-Salem, NC 27157-1001

ARTS AND SCIENCES
REYNOLDA CAMPUS

If you are applying to the program in:

Accountancy, Biology, Chemistry, Communication, Computer Science, Counseling, Education, English, Health and Exercise Science, Mathematics, Physics, Psychology, or Religion

Make the check or money order payable to:

Wake Forest University

Please send this form and the application fee to:

Dean of the Graduate School
Wake Forest University
Graduate School of Arts and Sciences
1834 Wake Forest Road
Room 5, Reynolda Hall
P.O. Box 7487 Reynolda Station
Winston-Salem, NC 27109-7487