School of Medicine
Graduate Programs
Application Check List and Signature Form

Full Legal Name: _____

Last (Family) Name First Middle

Social Security Number: _____ E-Mail: _____

Your online application is not complete until you have sent the signed Application Check List and Signature Form to the address listed below. This form must be postmarked no later than the following Graduate Certificate application deadline for the term you are applying:

Fall term - September 1st
Winter term - December 1st
Spring term - March 1st
Summer term - May 1st

☐ Complete application (all questions answered).

☐ Official transcripts from each college or university you have attended either included in sealed envelopes or to be sent separately.

☐ If applicable, TOEFL scores to be sent from Educational Testing Service to OHSU (*Institution Code 4865*).

☐ Sign this form below.

☐ Copy this form for your records.

I certify that the information submitted in this application is true and the application has been completed without evasion or misrepresentation. If the information is found to be otherwise, I understand that it is cause for rejection or dismissal. **Please note that your application will not be considered complete until this signed and dated form has been received by SOM Graduate Admissions.**

_____ _____ _____

Applicant's Name (please print) Applicant's Signature Date

Social Security Number Disclosure and Consent Statement. You are requested to provide voluntarily your Social Security number to assist OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent work force experiences. OHSU will disclose your Social Security number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security number, you are consenting to the uses identified above. This request is made pursuant to ORS 353.050 and ch. 162, Oregon Laws, 1995. Provision of your Social Security number and consent to its use is not required, and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security number at any time by writing to: Oregon Health & Science University, School of Medicine, Office of Graduate Studies Admissions L102, Portland, Oregon 97239-3098.

SEND ALL APPLICATION MATERIALS TO

Biomedical Informatics Graduate Certificate Program
Attn: Administrative Assistant Mail Code: BICC
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road
Portland, OR 97239