## 

## Postgraduate School of

## Molecular Medicine

### Medical University of Warsaw,

### ul. Żwirki i Wigury 61 PL-02091Warszawa

**International PhD Program:** **Molecular genomics, transcriptomics and bioinformatics in cancer**



**PhD Application for Admission**

*Please type or print*

**PERSONAL INFORMATION**

Ms. Mr. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Native Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION**

List in chronological order high school and colleges or universities attended. Please provide a certified

copy of all the diplomas proving graduation form the listed institutions. Also provide validated transcripts of your academic record documenting your courses and grades of your undergraduate and, where applicable, graduate studies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Educational Institution**  **and school location** | **Entered/Left (Year)** | **Degree or Diploma** | **Year received** |
|  | / |  |  |
|  | / |  |  |
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If you are a student now, list relevant courses you currently take or expect to take before graduating:

Contact: Postgraduate School of Molecular Medicine, Medical University of Warsaw, Żwirki i Wigury 61 Street, PL-02091Warsaw

Phone:+ 48 22 57 20 558, 728 960 626, Fax: +48 22 57 20 558, [smm@wum.edu.pl](mailto:smm@wum.edu.pl)www.smm.edu.pl



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Academic honors, scholarships, fellowships, or any other evidence of merit

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Where applicable, list publications (provide complete reference) / research in progress

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Language spoken at your educational institution

List your foreign language training, including English - if not your native language. Rate level of reading, speaking, and writing competency in each language (‘poor ’, ‘fair’, ‘good’, ‘excellent’):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Years of training** | **Reading** | **Speaking** | **Writing** |
|  |  |  |  |  |
|  |  |  |  |  |
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**OTHER INFORMATION**

List below any further information that might be of importance for your application (work experience you have had, studies abroad, etc.).

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How did you find out about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STATEMENT OF ACADEMIC PURPOSE**

On a separate sheet, please present and discuss your academic and career objectives. Tell us why you plan to pursue your graduate studies in frame of this particular program. **Clearly indicate project/task you would like to be involved.** Beyond what is apparent from your transcripts, describe your preparation for the program (relevant knowledge and skills, research projects in which you have participated, computer and language training etc.). Your statement is an important part of the application. It should be clear, concise, and well crafted (the use of a typewriter or word processor is recommended).

**LETTER OF RECOMMENDATION**

Please provide a list of the names, positions and institutions of **two people** who wrote letters of recommendation for you.

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**DOCUMENTATION SUBMITTED**

Check each item to make sure all necessary documentation is enclosed, so that your application can be processed promptly:

* Completed application form
* Certified copies of all diplomas awarding relevant degrees;
* Your record of study or official transcript of grades in biology, chemistry, medicine, bioinformatics or computer science.
* Statement of academic purpose
* Two letters of recommendation: enclosed, or preferentially sent directly
* Proof of knowledge of English, if not native speaker:
* Anything else you may wish to submit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application should be submitted by mail to the following address: [smm@wum.edu.pl](mailto:smm@wum.edu.pl)

**SIGNATURE**

The above information supplied by me is true and complete to the best of my knowledge. For the purpose of admission decisions, the information provided in this application may be shared with other entities involved in the process.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**International PhD Program:** “**Molecular genomics,**

**transcriptomics and bioinformatics in cancer”**

Postgraduate School of Molecular Medicine

Żwirki i Wigury 61 Street,

PL 02-091 Warsaw,

Warsaw, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for approval of the PhD project as a part of the International PhD Studies**

To the Director of Postgraduate School of Molecular Medicine

Herewith I, the undersigned, request approval of my PhD project, which I will execute as part of my doctoral studies in the Postgraduate School of Molecular Medicine as a part of **International PhD Program:** “**Molecular genomics, transcriptomics and bioinformatics in cancer”**. Attached, you find my application, certified copies of all relevant diplomas and transcripts and two recommendation letters.

I declare that I have not undertaken doctoral studies at any other university

Name

Current Address

Contact: Postgraduate School of Molecular Medicine, Medical University of Warsaw, Żwirki i Wigury 61 Street, PL-02091Warsaw

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