



School of *Ó:ãã æÁÛç áã•*

675 Hoes Lane West, R-102, Piscataway, New Jersey 08854-5635  
Phone: (732) 235-5016 • Fax: (732) 235-4720

**APPLICATION FOR ADMISSION – Certificate in Medical Physics**

*\*\$+\$ application fee must be received before the application will be considered*

Type or print all answers clearly in black ink. If additional space is required, attach a separate sheet and refer to the question by number.

1. Enrollment to begin:  Fall  Spring \* Session of 20\_\_

2.  Certificate Program (18 credits)  Non-matriculated (Individual Courses)  
(Courses)  
 Radiological Physics and Dosimetry  
 Radiation Safety and Protection  
 Fundamentals of Medical Imaging  
 Radiobiology  
 Anatomy and Physiology  
 Radiation Therapy Physics

3. Required Documents  
- 2 Letters of Recommendation  
- CV  
- Official transcript(s) showing award to degree date(s)  
- Standardized test scores GRE and TOEFL scores if applicable

4. Name \_\_\_\_\_  
(Last) (First) (Middle)

5. Current address \_\_\_\_\_ telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip) If NJ resident, how long \_\_\_\_\_ county \_\_\_\_\_

6. Permanent legal address (if different from above) \_\_\_\_\_ telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip) If NJ resident, how long \_\_\_\_\_ county \_\_\_\_\_ (Country)

7. Email address: \_\_\_\_\_ Citizenship \_\_\_\_\_

8. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Citizenship status:  U.S. Citizen  Permanent Resident Alien  Non Resident Alien  
If non-resident alien, identify current visa category:  B1/B2 tourist  F-1  J-1  H-1  Other \_\_\_\_\_

When did you arrive in the U.S.A. \_\_\_\_\_  
month year

10. Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of the application

Date of birth \_\_\_\_\_ Sex:  Male  Female

Please complete both Part I and Part II

I) **Ethnicity:** (*select one*)  Hispanic or Latino  Not Hispanic or Latino

II) **Race:** (*select one or more*)  American Indian or Alaskan Native  Asian  White  
 Black or African American  Native Hawaiian or other Pacific Islander

11. List chronologically all educational institutions attended since high school, including the institution you currently attend.

| Institution | Location | Attended |    | Degree Sought | Date Expected or Received |
|-------------|----------|----------|----|---------------|---------------------------|
|             |          | From     | To |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |
|             |          |          |    |               |                           |

Do you (or will you) have a doctoral degree in physics, physical science, or engineering? \_\_\_Yes \_\_\_No

Please list institution and dates. \_\_\_\_\_

Do you have an undergraduate degree in physics? \_\_\_Yes \_\_\_No

If not, have you taken at least 3 upper-division (3rd or 4th year undergraduate) physics courses? \_\_\_Yes \_\_\_No

Please list institution and dates. \_\_\_\_\_

**If you answered "No" to the above questions, please be aware that you will likely not satisfy the entry requirements into a CAMPEP-accredited residency, even with completion of a certificate program.**

12. Have you previously applied for admission or taken courses at this graduate school?  no  yes If yes, date \_\_\_\_\_

13. Indicate scores on the Graduate Record Examination (GRE) if taken.

Verbal \_\_\_\_\_ (\_\_\_\_%)    Quantitative \_\_\_\_\_ (\_\_\_\_%)    Analytical \_\_\_\_\_ (\_\_\_\_%)    Date of Exam \_\_\_\_\_  
 Subject: name \_\_\_\_\_ score \_\_\_\_\_ (\_\_\_\_%)    Date of Exam \_\_\_\_\_

14. GPA: undergraduate \_\_\_\_\_ graduate \_\_\_\_\_

15. List scientific publications, academic awards, prizes, memberships in honorary or professional societies

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. List current occupation and major employment or activities since college graduation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Military Service from \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

18. How did you learn of the Rutgers School of Graduate Studies? \_\_\_\_\_

\_\_\_\_\_

**19. Attach a statement expressing your motivation and aims for graduate study in the proposed major field.  
 (A one sentence statement will not be accepted)**

I have read and understand the attached statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I acknowledge that the Rutgers School of Graduate Studies has established these requirements for successful academic progress toward the degree sought. I understand and agree that any misrepresentation in this application will be sufficient cause for rejection of this application, or dismissal if I have been admitted to the School of Graduate Studies. In compliance with the Student Right to Know and Campus Security Act, Rutgers's Annual Security Report is available from the Department of Public Safety at Liberty Plaza, Suite 100, 335 George Street, P.O. Box 2688, New Brunswick, NJ 08903-2688.

**I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree.**

\_\_\_\_\_  
 (Applicant's signature)

\_\_\_\_\_  
 (Date)

Rutgers does not discriminate in admissions or access to its programs and activities on the basis of race/color, ethnicity, national origin, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

Return to: Rutgers University  
675 Hoes Lane West, R-102, Piscataway, N.J. 08854-5635

**REQUEST FOR RECOMMENDATION**

THIS SECTION TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE)    Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Proposed Field of Study: **Certificate in Medical Physics**

AGREEMENT RESPECTING CONFIDENTIALITY: I waive  , I do not waive  , my right of access to this recommendation form under the Family Education Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g (a) (1).

Signature \_\_\_\_\_

The person above is applying for admission to the Rutgers School of Graduate Studies.  
Please complete the form below and provide your estimate of the applicant's aptitude for graduate study.

Upper 10 %    Upper 10-25%    Upper 25-30%    Lower Half    No basis for judgment

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Academic Performance                         |  |  |  |  |  |
| Intellectual Ability                         |  |  |  |  |  |
| Ability to Communicate                       |  |  |  |  |  |
| Motivation for Proposed Field of Study       |  |  |  |  |  |
| Comparison with peers during the last 5 yrs. |  |  |  |  |  |

**Comments:**

Print or Type Name \_\_\_\_\_

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

Address \_\_\_\_\_

Return to: Rutgers Uej qqr'qh'I tcf wcv'Uwf lgu"  
675 Hoes Lane West, R-102, Piscataway, N.J. 08854-5635

**REQUEST FOR RECOMMENDATION**

**THIS SECTION TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE) Date:** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Proposed Field of Study: **Certificate in Medical Physics**

AGREEMENT RESPECTING CONFIDENTIALITY: I waive  , I do not waive  , my right of access to this recommendation form under the Family Education Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g (a) (1).

Signature \_\_\_\_\_

The person above is applying for admission to the Rutgers School of Graduate Studies.  
Please complete the form below and provide your estimate of the applicant's aptitude for graduate study.

Upper 10 %   Upper 10-25%   Upper 25-30%   Lower Half   No basis for judgment

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Academic Performance                         |  |  |  |  |  |
| Intellectual Ability                         |  |  |  |  |  |
| Ability to Communicate                       |  |  |  |  |  |
| Motivation for Proposed Field of Study       |  |  |  |  |  |
| Comparison with peers during the last 5 yrs. |  |  |  |  |  |

**Comments:**

Print or Type Name \_\_\_\_\_

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

Address \_\_\_\_\_



School of Graduate Studies

Return to: Rutgers Uej qqn'qh'I tcf wcv'Uwf kgu"  
675 Hoes Lane West, R-102, Piscataway, N.J. 08854-5635

**REQUEST FOR RECOMMENDATION**

**THIS SECTION TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE)**    Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Proposed Field of Study:    **Certificate in Medical Physics**

AGREEMENT RESPECTING CONFIDENTIALITY: I waive  , I do not waive  , my right of access to this recommendation form under the Family Education Rights and Privacy Act of 1974, 20 U.S.C.A. par 1232g (a) (1).

Signature \_\_\_\_\_

The person above is applying for admission to the Rutgers School of Graduate Studies.  
Please complete the form below and provide your estimate of the applicant's aptitude for graduate study.

Upper 10 %    Upper 10-25%    Upper 25-30%    Lower Half    No basis for judgment

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Academic Performance                         |  |  |  |  |  |
| Intellectual Ability                         |  |  |  |  |  |
| Ability to Communicate                       |  |  |  |  |  |
| Motivation for Proposed Field of Study       |  |  |  |  |  |
| Comparison with peers during the last 5 yrs. |  |  |  |  |  |

**Comments:**

Print or Type Name \_\_\_\_\_

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

Address \_\_\_\_\_

## INSTRUCTIONS TO APPLICANTS

The SGS is committed to complying with the requirements of the Americans with Disabilities Act

1. Answer all questions completely. Return the completed application to the Uej qqn'qh'I tcf wcvg'Uwf lgu' 675 Hoes Lane West, R-102, Piscataway, New Jersey 08854-5635.  
A \$92.00 non-refundable application fee is required of **ALL** applicants; make check payable to **Rutgers-RBHS**.

**Deadline for receipt of Fall Term completed applications: July 25**

2. Complete the upper portion of the recommendation forms and send them to the individuals from whom you are requesting letters of recommendation.
3. Request that **official** transcripts of **all** your prior academic records be forwarded to this school as soon as possible.

**NOTE: NO APPLICATIONS WILL BE CONSIDERED UNTIL THIS SCHOOL HAS RECEIVED:**

- A. Completely executed application form and \$92.00 application fee*
- B. All academic transcripts*
- C. Recommendations from two references, preferably from academic instructors, who have direct knowledge of the applicant's academic performance in science-related fields.*

## ESSENTIAL FUNCTION / TECHNICAL STANDARDS FOR SGS

Technical Standards refer to non-academic requirements that are essential for meeting the academic requirements of the program. Within any area of specialization, students must demonstrate competence in those intellectual and physical tasks that together represent the fundamentals of biomedical research in their chosen discipline. Enrollment is contingent on the result of certain medical laboratory test (e.g., TB) and fulfillment of immunization requirements. For details see the Rutgers policy website: <http://policies.rutgers.edu/view-policies/table-contents>

The Ph.D. and M.S. degree programs at the Rutgers School of Graduate Studies require a laboratory-based research dissertation. Granting of these degrees implies that the recipient has demonstrated a base of knowledge in the field and the ability to independently apply that knowledge to solve a particular problem by forming hypotheses, designing and conducting experiments, interpreting the experimental results, and communicating the results and their interpretation to the scientific community. Thus, a candidate for the M.S. or Ph.D. degree in the biomedical sciences must possess abilities and skills that allow for observation, intellectual and conceptual reasoning, motor coordination, and communication. The use of a trained intermediary is not acceptable in many situations in that a candidate's judgment will be based on someone else's power of selection and observation.

A student whose behavior or performance raises questions concerning his or her ability to fulfill the essential functions may be required to obtain evaluation and/or testing by a health care provider designated by the School, and to provide the results to the Campus Student Health Service for the purpose of determining whether the student is fit to pursue the educational program. If the student is deemed fit to pursue the program, the School reserves the right to require actions recommended by the health care provider, including further testing, counseling, monitoring, leave of absence, etc.

### Observation

The candidate must be able to acquire knowledge by direct observation of demonstrations, experiments, and experiences within the laboratory and instructional setting. Examples are physiological or pharmacological responses in animals, studies of microbiological cultures and organisms, identification of normal and abnormal cells or tissues through a microscope, and interpretation of results obtained on various instrumentation.

### Intellectual/Conceptual Abilities

The candidate must be able to measure, calculate, analyze, reason, integrate and synthesize information to solve problems.

### Motor Skills

The candidate must possess motor skills necessary to perform procedures required for experimentation within the chosen discipline. These skills may include, but are not limited to, surgery in animals, handling of animals, transfer of microorganisms to various mediums, preparing chemical and often toxic materials and solutions, preparation of anatomical specimens for microscopic examination, manipulating electronic and other complex equipment. Such actions require coordination of muscular movements and functional use of the senses of touch and vision.

### Communication

The candidate must be able to communicate and discuss his or her experimental hypotheses and results to the scientific community, both in scientific journals or directly at scientific meetings, seminars, or in the laboratory to the research team.

### Behavioral and Social Attributes

The candidate must possess the emotional and mental health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of responsibilities inherent in managing a scientific laboratory, the ability to function under the stress inherent in biomedical research, and the ability to understand and comply with ethical standards for the conduct of research.