**Application Package and Checklist**

Please use this checklist to assemble and track your materials. Print out and complete the forms attached to this checklist. Then, enclose all documents and all supporting materials (along with the checklist) in one envelope and mail it to the address listed below.

For priority consideration, please submit your complete application **by January 15**. All application materials must be received before your application will be reviewed by the committee.

***IMPORTANT:*** *This is the BBMB application to our graduate programs. Do not also apply for admission to ISU online as you will have to pay a non-refundable application fee. If you receive an offer of admission from BBMB, we will then ask you to apply for formal admission to ISU online as a final step in the admissions process and BBMB will pay your application fee.*

|  |  |
| --- | --- |
|  | **Application for Graduate Assistantship** in Roy J. Department of Biochemistry, Biophysics and Molecular Biology (BBMB) |
|  | **Research Interest Questionnaire** |
|  | **CV or Resume** |
|  | **Three (3) Confidential Letters of Recommendation**. The “Confidential Report on Applicant” form is the cover page for the recommendation letter. Recommenders can send their recommendation **one** of three ways. Check method and recommender’s name below:   1. ***Send to you*** in a sealed envelope, with their signature written across the envelope flap, to include in your application package. Recommender(s): Click here to enter text. 2. ***Send directly to BBMB*** in a sealed envelope, with their signature written across the envelope flap. Recommender should write your name on the envelope, so we can match it to your application. Recommender(s): Click here to enter text. 3. ***Send electronically*** to [bbmbapps@iastate.edu](mailto:bbmbapps@iastate.edu) . These letters must be confidential and must be sent directly from the recommender’s email address; letters that are copied, forwarded, and/or are visible to the prospective student in any way will be discarded. Recommender(s): Click here to enter text. |
|  | **Copies of all University/College Transcripts.** Official English language translations are required if the transcripts are in a different language and should be sent in addition to (not lieu of) the official academic record. The “Request for Transcript” form is provided for your convenience, and should be submitted to each university/college previously attended. |
|  | **Copy of GRE Score Report.** Have ETS submit your official test score to ISU Admissions within the five-year period it remains valid for consideration of an offer of admission to our graduate program. |
|  | **Copy of TOEFL or IELTS Score Report.**  Required for all applicants whose native language is not English, and who have not received a college/university degree in the United States. Have ETS submit your official test score to ISU Admissions within the two-year period it remains valid for consideration of an offer of admission to our graduate program. |

*Please submit all BBMB application materials to:*

**Roy J. Carver Department of Biochemistry, Biophysics, and Molecular Biology (BBMB)**

**Graduate Programs**

**1210 Molecular Biology Building**

**Iowa State University**

**Ames, IA 50011 USA**

To check the status of your application, you may email inquiries to [bbmbapps@iastate.edu](mailto:bbmbapps@iastate.edu)

**Application for Graduate Assistantship**

Roy J. Carver Department of Biochemistry, Biophysics, and Molecular Biology (BBMB)

***.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | | | | | | | | | |
| **Full legal name:** | |  | |  | | |  | |  |
|  | | (FAMILY/SURNAME) | | (FIRST/GIVEN) | | | (MIDDLE) | |  |
| Telephone: | |  | Email Address | | |  | | |  |
|  | | (Country Code/City Code/Phone Number |  | | |  | | |  |
|  | |  | | | | (AREA CODE - NUMBER) | | |  |
| CURRENT AND PERMANENT ADDRESSES | | | | | | | | | |
| |  |  | | --- | --- | | Current Residential Address: |  | |  |  | | (Number and Street) | (Apartment, if applicable) | |  |  | | City | Province/State | |  |  | | Zip Code | Country | |  |  | | Permanent Residential Address: |  | |  |  | | (Number and Street) | (Apartment, if applicable) | |  |  | | City | Province/State | |  |  | | Zip Code | Country | |  |  | | | | | | | | | | |
| 1. **CITIZENSHIP** | | | | | | | | | |
| Birthplace       Date of Birth (mm/dd/year) | | | | | | | | | |
| 1. **CURRENT AND PREVIOUS EDUCATION** | | | | | | | | | |
| Provide the following information for **all** postsecondary universities attended, including any you are currently attending. If you attended a university for only one semester, or earned fewer than 15 credits, put an asterisk (\*) in the degree and date section. Please include your CUMULATIVE GPA. | | | | | | | | | |
| **DATES OF ATTENDANCE** | **NAME OF UNIVERSITY/ CITY, STATE, COUNTRY** | | | | **DISCIPLINE /CUM GPA** | | | **DEGREE /DATE** | |
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| 1. **DEGREE SOUGHT** | | | | | | | | | |
| Check one:  M.S.  Ph.D.  *Please note*: due to the nature and length of the research projects in our department, we typically do not admit students into the M.S. degree program unless a faculty member is identified and willing to work with a student. | | | | | | | | | |

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| 1. **STARTING DATE** | | | | |
| Semester and year:  Due to the course requirements of the Ph.D. rotation program, students can only be admitted to this program in the fall (begins August). | | | | |
| 1. **EXAMINATIONS TAKEN:** *(Include photocopies of your GRE and TOEFL scores with this application or send as soon as available. We cannot obtain these from the Iowa State University Admissions unless the application fee is paid.)* | | | **MONTH/YR TAKEN** | **COMMENTS:** (If you have not yet taken the GRE, please indicate when you plan to take it. Any other pertinent information may be included here.) |
| TOEFL       -or-  IELTS Score: | | |  |  |
| **GRE:** Verbal Raw Score: |  | Verbal %: |  |
| Quantitative Raw Score: |  | Quant. %: |  |
| Analytical Writing Raw Score: |  | Writing %: |  |
| **TOTAL GRE SCORE:** |  |  |  |
| Subject GRE Score, if taken (not required) |  | LIST SUBJECT: |  |
| 1. **REFERENCES:** Please request three faculty or mentors acquainted with your qualifications to write confidential letters of recommendation for you. | | | | |
| 1. Name, Address, Telephone and Email: Click here to enter text. | | | | |
| 1. Name, Address, Telephone and Email: Click here to enter text. | | | | |
| 1. Name, Address, Telephone and Email: Click here to enter text. | | | | |
| 1. **COURSES IN PROGRESS** | | | | |
| List all courses you are taking or plan to take this year: | | | | |
| 1. **ACADEMIC HONORS, AWARDS AND SCHOLARSHIPS** | | | | |
| Honors:  Awards:  Scholarships: | | | | |

|  |
| --- |
| 1. **Statement of Purpose and Past Research Experience.** |
| Please explain your interest in graduate studies and plans after the completion of graduate work.Indicate science-related professional or technical experience, including participation in hypothesis-based research and conclusions (if any) drawn from the conduct of such research.Indicate full citations of publications. Review the research interests of the faculty and identify at least three professors in whom you are interested, giving reasons for your choices. Please include any additional information that may aid us in evaluating your aptitude for graduate study. |
| 1. **Signature and Date** |
| Type Name  **Signature**: **Today’s Date:** Click here to enter a date. |

**RESEARCH INTEREST QUESTIONNAIRE**Roy J. Carver Department of Biochemistry, Biophysics, and Molecular Biology  
IOWA STATE UNIVERSITY

Last Name, First Name:

Current School:

Academic Advisor:

Department:

Grade Point Average (based on A = 4.0):

Have you participated in a research project?

Project Advisor:

Title of project:

Please check the name/s of the professor/s in whose research you are interested:

L. Ambrosio  
 A. H. Andreotti  
 A. Barb  
 D. C. Beitz  
 T. Bobik   
 B. Chen  
 M. Cho  
 A. A. DiSpirito  
 J. Girton  
 M. S. Hargrove  
 R. B. Honzatko  
 R. L. Jernigan  
 J. Johansen  
 K. Johansen  
 G. MacIntosh

W. Allen Miller  
 A. M. Myers  
 S. W. Nelson  
 B. J. Nikolau  
 M. Nilsen-Hamilton  
 R. J. Peters  
 G. Rao  
 J. Robyt  
 J. Roche  
 D. Sashital  
 Y. K. Shin  
 M. Shogren-Knaak  
 R. W. Thornburg  
 E. Underbakke  
 E. Yu  
 O. Zabotina

If you have a special interest in any of the following research areas, please indicate by checking the appropriate boxes:

enzyme mechanisms

coenzyme action

enzyme regulation

protein structure or synthesis

polysaccharide structure

biochemical nutrition

toxicology

nucleic acid biochemistry

gene regulation

metabolic regulation

hormone biochemistry

polysaccharide synthesis

oligonucleotide structure and function

signal transduction

x-ray crystallography

physical biochemistry

plant biochemistry

carbohydrate metabolism

lipid metabolism

nuclear magnetic resonance

chromatin structure

mitotic spindle/spindle matrix

chromosome structure

microbial biochemistry

infectious disease

**CONFIDENTIAL REPORT ON APPLICANT**

Roy J. Carver Department of Biochemistry, Biophysics and Molecular Biology

IOWA STATE UNIVERSITY

Ames, Iowa 50011, U.S.A.

**PLEASE TYPE OR PRINT CLEARLY**

**Applicant's Name** \_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

**Applicant's Address** \_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I waive the right given me by the Family Educational Rights and Privacy Act of 1974 to view this confidential letter of recommendation in my file at the Roy J. Carver Department of Biochemistry, Biophysics and Molecular Biology, Iowa State University.

I do not wish to waive this right.

Applicant's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The above named person is under consideration for admission to graduate studies in the Department of Biochemistry, Biophysics and Molecular Biology at Iowa State University. We would appreciate your evaluation of his/her potential for advanced study, research and teaching. Comments on character and any other relevant factors are also desired. You may use the space below for your comments (continue on reverse side or use additional page as necessary), or send them on a separate sheet.

Click here to enter text.

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

How would you rank the applicant among your students in recent years:

Top 2% Top 5% Top 10% First Quarter Second Quarter Lower Half

How would you rate the applicant's likely performance as a graduate student: (Please circle.)

Outstanding Above Average Satisfactory Poor

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

**Name of Respondent** (Please type or print.):

**Title:**       **Department**

**Institution Name and Address**

Signature of Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL REPORT ON APPLICANT**

Roy J. Carver Department of Biochemistry, Biophysics and Molecular Biology

IOWA STATE UNIVERSITY

Ames, Iowa 50011, U.S.A.

**PLEASE TYPE OR PRINT CLEARLY**

**Applicant's Name** \_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

**Applicant's Address** \_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Click here to enter text.

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How would you rank the applicant among your students in recent years:

Top 2% Top 5% Top 10% First Quarter Second Quarter Lower Half

How would you rate the applicant's likely performance as a graduate student: (Please circle.)

Outstanding Above Average Satisfactory Poor

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

**Name of Respondent** (Please type or print.):

**Title:**       **Department**

**Institution Name and Address**

Signature of Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL REPORT ON APPLICANT**

Roy J. Carver Department of Biochemistry, Biophysics and Molecular Biology

IOWA STATE UNIVERSITY

Ames, Iowa 50011, U.S.A.

**PLEASE TYPE OR PRINT CLEARLY**

**Applicant's Name** \_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

**Applicant's Address** \_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I do not wish to waive this right.

Applicant's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Click here to enter text.

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How would you rank the applicant among your students in recent years:

Top 2% Top 5% Top 10% First Quarter Second Quarter Lower Half

How would you rate the applicant's likely performance as a graduate student: (Please circle.)

Outstanding Above Average Satisfactory Poor

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

**Name of Respondent** (Please type or print.):

**Title:**       **Department**

**Institution Name and Address**

Signature of Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR TRANSCRIPTS**

Roy J. Carver Department of Biochemistry, Biophysics and Molecular Biology

IOWA STATE UNIVERSITY

Ames, Iowa 50011, U.S.A.

Return to: Program Coordinator for Graduate Education

Roy J. Department of Biochemistry, Biophysics and Molecular Biology

1210 Molecular Biology Building

Iowa State University

Ames, IA 50011, U.S.A.

***TO THE APPLICANT:***

*This form is to be used in requesting the registrar of the institution from which you graduated (or expect to graduate) to send us your transcripts and a certification of your scholastic ranking.*

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Registrar,         
 (*College or University)*

I am applying for admission for graduate study in the Department of Biochemistry, Biophysics and Molecular Biology at Iowa State University of Science and Technology, Ames, Iowa. Please certify my class rank and mail a complete transcript of my record to the above address.

Name:       Graduation Date: Click here to enter a date.

Present Address:

Social Security Number (optional):       Birth Date: Click here to enter a date.

⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎

*(Do not detach.)*

*TO THE REGISTRAR:*

*Using the form below, please certify the quartile in which this student ranked in his/her graduating class. For students whose final semester's work is now in progress, it will be satisfactory to estimate the rank. Please send this certification with an official transcript of the student's grades to the above address.*

⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎ ⯎

I hereby certify that the above student ranked in the highest  second,  third, lowest quartile in the class in which he/she graduated.

*Name*

*School Seal*

*Official Position*

Date: Click here to enter a date.