

PROGRAM INFORMATION		
Program: Computer and Information Technology, MCIT, Online		Term: Fall 2020
Concentration:	Certificate:	
Sub-matriculation School:	Enrollment Choice (FT/PT): PT	
PERSONAL INFORMATION		
Name		
Tarik Celik		
Preferred First Name:	Maiden or Other Name:	
Birth Information – Date of Birth: 04-07-1994		
City, State/ Province, Country of Birth: Ankara, Turkey		
Citizenship		
Citizenship Status: Non U.S. Citizen	Country of Citizenship: Turkey	
Dual Country of Citizenship:	Immigration Sponsorship Required? No	
Contact Information		
Email Address: mdcelik.t@gmail.com		
Email Address Valid Until:		
Alternative Email Address: mdcelik.t@yahoo.com		
Notification Address		
1815 BOULDER SPRINGS DR APT I		
SAINT LOUIS, MO, 63146		
United States	Notification Address Valid Until:	
Preferred US Phone Number: 7189155254	Secondary US Phone Number:	
Preferred Non-US Phone Number:	Secondary Non-US Phone Number:	
Permanent Address		
		Permanent Address Valid Until:
Languages		
Native Language: Turkish		
Language 1 / Rating: English / Fluent	Language 2 / Rating:	
Language 3 / Rating:	Language 4 / Rating:	
Language 5 / Rating:	Language 6 / Rating:	
Ancient Language 1 / Notes:	Ancient Language 2 / Notes:	
Ancient Language 3 / Notes:	Ancient Language 4 / Notes:	
Ancient Language 5 / Notes:	Ancient Language 6 / Notes:	
Sex & Gender		
Sex: Male	Gender Identity:	
Pronouns :	Sexual Orientation:	
Ethnicity		
<input type="checkbox"/> American Indian or Alaska Native (including all original Peoples of the Americas)	<input type="checkbox"/> Asian (including Indian subcontinent and Philippines)	<input type="checkbox"/> Black or African American (including Africa and Caribbean)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Original Peoples)	<input checked="" type="checkbox"/> White (including Europe, North Africa, and Middle East) Europe	Are you Hispanic or Latino (including Spain)? No

Military Service - Are you currently serving or have you served in the US Armed Forces? **No****Volunteer Corps**

Have you served in the Peace Corps?

Have you served in Americorp?

Are you a City Year corp member or alumnus?

Family BackgroundDo you come from a family with an annual income below established low income thresholds? **Prefer not to answer**Are you, or will you be the first person in your immediate family to have completed a bachelor's degree? **No****Diversity**

If you are a member of a community that has historically been underrepresented in higher education and would like to tell us how this particular perspective adds to the value you will contribute to the [diverse learning community](#) we strive to create, please do so here:

ACADEMIC BACKGROUND - COLLEGE

College / University Information

Another name used on prior academic records?

Tarik Celik

Post-Secondary / College/University #1: HACETTEPE UNIVERSITY

City: ANKARA	State/Province:	Country: Turkey
Begin Date: 10-2012	End Date: 06-2018	
Degree Level: Bachelor's	Type of Degree or Diploma: MD	Major Field(s) of Study: Medicine
GPA Scale: 4.0	Other GPA Scale:	GPA: 3.12
Is this your primary undergraduate institution? Yes	Will you receive this degree prior to enrolling at Penn? Yes	(For institutions in countries where English is not an official language) Was English the primary language of instructions for all non-language programs at this institution? No

Post-Secondary / College/University #2:

City:	State/Province:	Country:
Begin Date:	End Date:	
Degree Level:	Type of Degree or Diploma:	Major Field(s) of Study:
GPA Scale:	Other GPA Scale:	GPA:
Is this your primary undergraduate institution?	Will you receive this degree prior to enrolling at Penn?	(For institutions in countries where English is not an official language) Was English the primary language of instructions for all non-language programs at this institution?

Post-Secondary / College/University #3:

City:	State/Province:	Country:
Begin Date:	End Date:	
Degree Level:	Type of Degree or Diploma:	Major Field(s) of Study:
GPA Scale:	Other GPA Scale:	GPA:
Is this your primary undergraduate institution?	Will you receive this degree prior to enrolling at Penn?	(For institutions in countries where English is not an official language) Was English the primary language of instructions for all non-language programs at this institution?

Post-Secondary / College/University #4:

City:	State/Province:	Country:
Begin Date:	End Date:	
Degree Level:	Type of Degree or Diploma:	Major Field(s) of Study:
GPA Scale:	Other GPA Scale:	GPA:
Is this your primary undergraduate institution?	Will you receive this degree prior to enrolling at Penn?	(For institutions in countries where English is not an official language) Was English the primary language of instructions for all non-language programs at this institution?

Post-Secondary / College/University #5:

City:	State/Province:	Country:
Begin Date:		End Date:
Degree Level:	Type of Degree or Diploma:	Major Field(s) of Study:
GPA Scale:	Other GPA Scale:	GPA:
Is this your primary undergraduate institution?	Will you receive this degree prior to enrolling at Penn?	<i>(For institutions in countries where English is not an official language)</i> Was English the primary language of instructions for all non-language programs at this institution?

Fellowships and Awards

If you have been competitively awarded any fellowships or other honors, briefly describe.

Graduated as an honour student from my Medical School.

RECOMMENDATIONS

Recommender 1

First Name/Given Name, Last Name/Family Name/ Recommender Type

Mustafa Burak Tunc

Email Address:

buraktunc363@gmail.com

Do you waive the right to view the recommendation? **Yes**

Online submission? **Yes**

Recommender 2

First Name/Given Name, Last Name/Family Name/ Recommender Type

Brenda Weidner

Email Address:

Brenda.Weidner@mastercard.com

Do you waive the right to view the recommendation? **Yes**

Online submission? **Yes**

Recommender 3

First Name/Given Name, Last Name/Family Name/ Recommender Type

Email Address:

Do you waive the right to view the recommendation?

Online submission? **Yes**

Recommender 4

First Name/Given Name, Last Name/Family Name/ Recommender Type

Email Address:

Do you waive the right to view the recommendation?

Online submission?

Recommender 5

First Name/Given Name, Last Name/Family Name/ Recommender Type

Email Address:

Do you waive the right to view the recommendation?

Online submission?

SUPPORTING DOCUMENTS <i>VARIES BY PROGRAM</i>	
Personal Statement:	EG_Celik_Tarik_84610872_PERSONALSTATEMENT.docx
Writing Sample:	
Writing Sample:	
Writing Sample:	
Writing Sample:	
Curriculum Vitae:	
Resume:	Celik_Tarik_80915436_UPENNG-RESUME_ATTACH_84610872.docx
Essay 1:	
Essay 2:	
Essay 3:	
Essay 4:	
Essay 5:	
Digital Portfolio 1:	
Digital Portfolio 2:	
Research Statement:	
Professional Schools Application:	
Other Support (Applicant)	
Mentor Biosketch and Other Support (Combined Document):	
Agency Recommendation Form	
Academic Integrity Violation Statement	
Self-Reported English Proficiency Test Score	

ADDITIONAL INFORMATION

Penn Background

Have you ever applied for admission at Penn before?

<u>Previous Application #1</u>	Year:	School:
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<u>Previous Application #2</u>	Year:	School:
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<u>Previous Application #3</u>	Year:	School:
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<u>Previous Application #4</u>	Year:	School:
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<u>Previous Application #5</u>	Year:	School:
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Are you a current student at Penn? No	Penn ID:
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Are you currently employed at Penn? No	Where Employed:
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Are you a Penn Alum? No	School and last year attended:
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University Relations

Do you have a parent (biological or adoptive) who is a full-time member of the faculty or staff at the University of Pennsylvania?	Do you have a parent, grandparent or sibling who has attended the University of Pennsylvania?
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Parent/Grandparent/Sibling #1:

Name	Relationship
Graduating Class or Year	Degree
School / Major	

Parent/Grandparent/Sibling #2:

Name	Relationship
Graduating Class or Year	Degree
School / Major	

How did you hear about us?

Online Course Website [Coursera, EdX]

To what other graduate programs do you intend to apply?

Graduate Program 1: School /Institution

Program	Degree
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Graduate Program 2: School /Institution

Program	Degree
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Graduate Program 3: School /Institution

Program	Degree
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Research Information

Title of your proposed research project

Mentor Information

Primary Mentor	Secondary Mentor
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Department Chair / Division Chief	Other
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Information Sharing

Other people with whom you permit us to share information about your application status? *Name, Relationship, Email Address, Phone Number*

EMPLOYMENT HISTORY

Years of work experience, including summer jobs or positions held during your undergraduate or graduate studies if relevant:

1-5

Employer #1: *Name* Mastercard Inc.

Start Date: 10-2019

End Date:

Number and Street Name 2200 Mastercard Blvd
Address Line 2

City, State/ Province, Country O'Fallon, MO, 63368, United States

Position Title/Department/Industry:

Software Engineer in Test II / Consumer Authentication
 Systems / Operations and Technology

Reason for Leaving:

Employer #2: *Name*

Start Date:

End Date:

Number and Street Name
Address Line 2

City, State/ Province, Country

Position Title/Department/Industry:

Reason for Leaving:

Employer #3: *Name*

Start Date:

End Date:

Number and Street Name
Address Line 2

City, State/ Province, Country

Position Title/Department/Industry:

Reason for Leaving:

Employer #4 : *Name*

Start Date:

End Date:

Number and Street Name
Address Line 2

City, State/ Province, Country

Position Title/Department/Industry:

Reason for Leaving: