

Hofstra Bioethics Center 216 Law School 121 Hofstra University Hempstead NY 11549 516-463-6103 bioethicsMA@hofstra.edu

APPLICATION FOR MASTER OF ARTS IN BIOETHICS

A. BIOGRAPHIC INFORMATION

PROFILE	
First Name:	
Middle Name:	
Last Name:	
Preferred Pronouns:	
Gender or Gender Identity:	☐ Male ☐ Female ☐ Non-binary ☐ Other
Preferred Name:	
Date of Birth:	
If you will be submitting ap	plication materials under another name, please provide:
Alternate First Name:	
Alternate Middle Name:	
CONTACT INFORMATION	
Address:	
	State:
	Country:
Phone:	
Fmail·	

B. ACADEMIC HISTORY

(Transcripts required for each school noted below)

UNDERGRADUATE

School:
State/Country:
Graduation Date:
Degree:
Major:
Minor:
GRADUATE
School:
State:
Country:
Graduation Date:
Degree:
Concentration (where applicable):
ADDITIONAL DEGREES, CERTIFICATES, FELLOWSHIPS, ETC.
C. PROFESSIONAL INFORMATION
CURRENT POSITION (If applicable)
Employer:
Position:

D. SUPPLEMENTAL INFORMATION

ADDITIONAL QUESTIONS

I am interested in: ☐ Full-Time ☐ Part-Time		
I have completed the Hofstra Certificate in Bioethics:	□ Yes	□ No

ADDITIONAL APPLICATION MATERIALS

Please provide the following supporting documents:

- Official undergraduate transcript
- Official graduate transcript/s (if applicable)
- Two letters of recommendation (optional for certificate graduates)
- A statement of academic purpose

Materials should be sent to:

Bioethics@Hofstra.edu

Or

Hofstra Bioethics Center Maurice A. Deane School of Law 216 Law School 121 Hofstra University Hempstead, NY 11549