

Dolphins Summer Undergraduate Research Fellowship 2020 Application Form

Last Name _____	First Name _____	M.I. _____	Student Number _____
Current Mailing Address (Until _____)			
Street/Apt. # (home delivery address is preferable to PO Box) _____			
City _____	State _____	Zip Code _____	Telephone Number _____
E-Mail Address _____			Fax Number _____
Permanent Mailing Address (Until _____)			
Street/Apt. # (home delivery address is preferable to PO Box) _____			
City _____	State _____	Zip Code _____	Telephone Number _____

College Major _____ Minor _____ Concentration _____ Antic. Degree _____ Graduation Date (mm/yr) _____

Cumulative GPA _____ Science GPA _____

Advanced Degree Planned: MD PhD MD/PhD Other (Please Specify) _____

What standardized tests did/will you take? (Please provide scores, if taken)

MCAT _____ / _____ / _____ / _____ Date of Exam _____ / _____
Verbal/ PhysSci/ Writing/ BiolSciences (Taken or Planned) Month / Year

GRE _____ / _____ / _____ / _____ Date of Exam _____ / _____
Verbal/ Quantitative/ Analytical (Taken or Planned) Month / Year

GRE Subject _____ Date of Exam _____ / _____
Score Subject (Taken or Planned) Month / Year

Which of the following courses have you taken?

- BIO 490 BIO 499 CHM 490 CHM 495 PSY 401 PSY 499

List any recognition, scholarships, awards, etc. in the sciences (continue on a separate sheet if necessary).

If you have had any previous laboratory/research experience, please list, including dates and research mentor (continue on a separate sheet if necessary).

Please also submit a personal statement on a separate page, being sure to include your reason for wanting to attend a summer research program, what aspects of the biomedical sciences interest you, and your career plans.

Return this form and your personal statement by **January 22, 2020** to **Dr. Beth Pritts at 148 Coyne Science Center**, or if you are not on the Le Moyne College campus send your documents to:

Dr. Beth Pritts
D-SURF Program
Health Professions Advisory
Committee Le Moyne College
1419 Salt Springs Rd.
Syracuse, NY 13214

You should have at least TWO letters of recommendation from professors related to your major, an advisor, or your department chair sent to the address above. If you are involved in research with a professor, that professor should provide one of your letters of recommendation. List the names and titles of those you are asking to send letters of reference.

Name of Referee 1

Title

Name of Referee 2

Title

Can we forward your application materials to SUNY Upstate's

Ph.D Admissions Committee?

Yes No

Summer Undergraduate Research Fellowship Program?

Yes No

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this application will be used by Le Moyne College and SUNY Upstate Medical University to evaluate your request for acceptance to the D-SURF program. The authority to request this information is found in Section 355(2) of the Education Law.

Both SUNY Upstate Medical University at Syracuse and Le Moyne College are Equal opportunity/Affirmative Action Employers are compliant with Title IX of the Education Amendments of 1972.