

Application
Summer Undergraduate Research Program

Jefferson College of Graduate Studies
Thomas Jefferson University, Philadelphia, PA

(Please type or print clearly)

Name _____ Social Security Number (opt) _____
 First Middle Last

Current Address _____ City _____ State _____ Zip _____

Phone:(day) _____ Phone (evening) _____

E-mail _____ At this address until (date) _____

Date of Birth _____ Gender: Male Female

Citizenship _____ If not US Citizen, Type of Visa _____

Permanent Address

Street _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Education

Current Undergraduate Institution _____

Location _____ From (date) _____ To _____

Major _____ Minor _____ Grade Point Average _____ out of _____

Expected Date of Graduation, Month and Year _____

Year in School: (Check One) Freshman Sophomore Junior Senior

Previous Institution (if applicable) _____

Location _____ From (date) _____ To _____

References

Two letters of reference from science faculty are preferred; however, one letter can be from professional supervisory person. Letters should be mailed directly to the program with Summer Research Program noted on front of envelopes.

1. Name _____ E-mail _____

2. Name _____ E-mail _____

Research Experience

Have you had previous research experience?

Yes

No

If yes, describe topic and length of experience:

Statement of Career Goals:

What degree will you seek as a post-graduate?

PhD_____

MD_____

MD/PhD_____

Other_____

Please describe what you hope to gain through your participation in the Summer Undergraduate Research Program (No longer than 200 words). If you prefer, you may attach your essay to the application.

Describe what you consider the most significant scientific advance you have read or heard about in the last year. (No longer than 100 words).

Please check any and all of the research topics of interest to you. **Rank from 1 (most) to 3 (least).**

- | | |
|---|---|
| <input type="checkbox"/> Biochemistry and Molecular Biology | <input type="checkbox"/> Molecular Pharmacology & Structural Biology |
| <input type="checkbox"/> Cell & Developmental Biology | <input type="checkbox"/> Molecular Physiology & Biophysics |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Immunology & Microbial Pathogenesis | <input type="checkbox"/> Tissue Engineering & Regenerative Medicine |

Ethnic Origin

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black/African American | |

Check here if you participated in a MARC Honors Undergraduate Program or

Check here if you participated in a MBRS Program at your institution.

Please let us know how you heard about our Summer Research Program:

- | | |
|---|---|
| <input type="checkbox"/> TJU/J CGS Webpage | <input type="checkbox"/> Grad Fair, Where _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Advertisement, Where _____ |
| <input type="checkbox"/> Area Reputation | <input type="checkbox"/> Faculty / Advisor, Where _____ |
| <input type="checkbox"/> JCGS Representative, Where _____ | |

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APPLICATIONS ARE DUE FEBRUARY 1. APPLICATIONS ARE NOT CONSIDERED COMPLETE UNTIL APPLICATION, LETTERS OF RECOMMENDATION, AND ACADEMIC TRANSCRIPTS HAVE BEEN RECEIVED. APPLICATIONS AND SUPPORTING DOCUMENTATION SHOULD BE FORWARDED TO THE ADDRESS SHOWN BELOW:

**Summer Undergraduate Research Program
Jefferson College of Graduate Studies
Thomas Jefferson University
1020 Locust Street, Room M-60
Philadelphia, PA 19107-6799**

Telephone: 215-503-0155 FAX: 215-503-9920

E-Mail: jessie.pervall@jefferson.edu

Visit our website: www.jefferson.edu/jcgs