

**Application for Admission to the Summer Undergraduate Research Fellowship Program**

**Please submit your personal statement on a separate page being sure to include your reason for wanting to attend a summer research program, some areas of research in the Biomedical Sciences which currently interest you, and your career plans.**

Please type or print legibly

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Social Security No

Current mailing address (until \_\_\_\_\_) \_\_\_\_\_  
Street/Apt. number (home delivery address is preferable to P.O. Box)

\_\_\_\_\_  
City                                      State                                      Zip Code                                      Telephone Number

\_\_\_\_\_  
E-Mail address                                      Until (Date)                                      Fax Number

Permanent mailing address: \_\_\_\_\_  
Street/Apt. number (home delivery address is preferable to P.O. Box)

\_\_\_\_\_  
City                                      State                                      Zip Code                                      Telephone Number

\_\_\_\_\_  
City and Country of Birth                                      Citizenship

\_\_\_\_\_  
U.S. Permanent Registration Number: (If Applicable)                                      International Applicant Visa Type: (If in U.S.)

\_\_\_\_\_  
Undergraduate Institution                                      Intended semester/year of graduation

\_\_\_\_\_  
Degree to be awarded                                      Major                                      Minor(s)

Advanced Degree Planned:  MD  PhD  MD/PhD  Other (please specify) \_\_\_\_\_

What standardized tests did you/will you take? (Please provide scores, if taken.)                                      Date of exam (taken or planned)

MCAT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Verbal/PhysSci/Writing/BiolSciences)                                      \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

GRE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Verbal/Quantitative/Analytical)                                      \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

GRE Subject: \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

**Scholastic Achievement** *(Note: An official transcript of your undergraduate study to date is required.)*

\_\_\_\_\_  
Grade Point Average (Cum)                                      Grade Point Average in science

Gender and Ethnicity (Optional) \_\_\_\_\_

How did you hear about SUNY Upstate Medical University? \_\_\_\_\_

List names and titles of those you are asking to send letters of reference (minimum of TWO required.)

1. \_\_\_\_\_  
Name                                      Title

2. \_\_\_\_\_  
Name                                      Title

3. \_\_\_\_\_  
Name                                      Title

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

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

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Can we forward your SURF application materials to SUNY Upstate's PhD Admissions Committee?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail application, personal statement, official transcript(s) and recommendation letters to:**

SUNY UPSTATE MEDICAL UNIVERSITY  
COLLEGE OF GRADUATE STUDIES  
ROOM 3122, WEISKOTTEN HALL  
766 IRVING AVE.  
SYRACUSE NEW YORK 13210  
Phone: (315) 464-4538  
Fax: (315) 464-4544  
E-Mail: [biosci@upstate.edu](mailto:biosci@upstate.edu)  
College of Graduate Studies Website: <http://www.upstate.edu/grad/>  
SURF Website: <http://www.upstate.edu/grad/programs/summer.php>

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 SUNY Upstate Medical University, College of Graduate Studies, to evaluate your request for acceptance to the Summer Research Fellowship Program. The authority to request this information is found in Section 355 (2) (i) of the Education Law.

SUNY Upstate Medical University in Syracuse NY, is an Equal Opportunity/Affirmative Action Employer and compliant with the Title IX of the Education Amendments of 1972.

**Deadline for application: February 15, 2010**