



COLLEGE OF MEDICINE

**SUMMER UNDERGRADUATE RESEARCH PROGRAM
APPLICATION**

Last Name	First Name	Middle Initial
Preferred Mailing Address-Street	City	State-Zip
Permanent Address-Street	City	State-Zip
County	Telephone number	E-mail address
Legal Resident	Date of Birth	Racial Self-Description
Citizenship	Sex Male Female	Place of Birth

Previous Education

High School	City and State	From: MM/YY To: MM/YY	Graduation: MM/YR

Complete for all universities and colleges you have attended. Official transcripts will be required from those applicants admitted to the program.

College/University	City/State	Dates of Attendance MM/YR to MM/YR	Major	Degree Granted or Expected (with date)

Have you ever been denied admission or employment, suspended, or dismissed for disciplinary reason by any college, university, professional, or post-high school education program or employer? No ___ Yes ___.
If yes, attach a statement of explanation.

Dates of Availability: From ___/___/___ To: ___/___/___
(Program is 10 weeks in duration)

Contact in Case of Emergency

First Name	Middle Initial	Last Name
Address	Telephone Number	Relationship

References**Please list the names, addresses and telephone numbers of three references we may contact.**

1.	2.	3.

Why are you applying to this program? In your response please provide a description of 1) your career goals, 2) your expectations of the Summer Research Program experience, and 3) any previous research experience. (You may use the back of this page.)

Certification

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I have authorized each high school and each college or university I have attended to release academic and personal information as related to this application upon request by the Medical University of Ohio. I agree to submit other materials that are required for this application. I understand that furnishing false information on any part of this application may result in termination from the program.

_____ Date _____

Signature