



SUMMER RESEARCH INSTITUTE
2010

PROGRAM APPLICATION

Program Duration: June 1 – August 6, 2010

Final Application Deadline: March 5, 2010

Please review the application carefully. Please print legibly or type your responses.

PART I – DEMOGRAPHIC INFORMATION

Full Legal Name: _____ **Gender:** Female Male
Last, First Middle

Date of Birth (MM/DD/YY): _____ **Social Security Number:** _____

Citizenship: US Citizen (born or naturalized) US Permanent Resident; Registration # _____
 Other (Please specify birthplace: _____)

Ethnicity: Black or African American Hispanic/Latino Alaskan Native
 Pacific Islander (Micronesia, Guam, etc) Caucasian Native American
 Asian (Filipino, Indian, Chinese, etc) Multi-Ethnic (Please specify _____)

Home/Permanent Mailing Address: _____ **Current Mailing Address (if different from left):** _____
Number and Street Name

City, State ZIP Code *City, State ZIP Code*

Preferred Address for Correspondence: Permanent Current, Valid Until Date: _____

Daytime Telephone #: _____ **Evening Telephone #:** _____

Preferred Email Address (please double-check for clarity): _____

PART II – EDUCATIONAL INFORMATION

Current Undergraduate Institution: _____ **City, State:** _____

Current Status: FR SO JR SR **Expected Graduation Date (MM/YY):** _____

Major #1: _____ **Major #1 GPA:** _____ /4.0 scale

Major #2, if applicable: _____ **Major #2 GPA:** _____ /4.0 scale

Minor(s), if applicable: _____ **Cumulative GPA:** _____ /4.0 scale

GRE Date, if taken (MM/YY): _____ **Scores:** _____ **V:** _____ **Q:** _____ **W:** _____

Your Expected Standardized Exams: GRE GRE Subject MCAT LSAT GMAT _____

Program participation, if applicable: MARC MBRS McNair LS AMP _____

PART III – LETTERS OF RECOMMENDATION

Provide the following for the two faculty members from whom you are requesting letters of recommendation.

Name: _____ **Name:** _____
Department: _____ **Department:** _____
Phone Number: _____ **Phone Number:** _____
Email Address: _____ **Email Address:** _____

PART IV – RESEARCH BACKGROUND

Please briefly describe your research interests: _____

Do you have any previous research experience? No, the AGEP SRI would be my first research experience

Yes, I've had the following research experience(s):

<i>Research Project Name/Topic</i>	<i>Research Program Name/Location</i>	<i>Approximate Dates of Research</i>

Please list any coursework that you have completed or are currently taking that is relevant to your research interests:

<i>Course Name</i>	<i>Current?</i>	<i>Grade</i>	<i>Course Name</i>	<i>Current?</i>	<i>Grade</i>
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Please provide the names and departments of any Stony Brook University faculty members who you have already identified as potential advisors based on matching research interests:

PART V – FUTURE PLANS

Do you plan to apply to graduate school after completing your undergraduate studies?

No Not Sure

Yes; Discipline: _____

What is your ultimate degree objective?

MA/MS PhD MD MD/PhD

Not Sure Other _____

Please check all of the following that match your future aspirations.

College or University Professor Research Scientist

Medical Doctor Other _____

With respect to graduate school, Stony Brook is

your first choice one of your top choices

a possibility not a consideration

PART VI – PERSONAL STATEMENT

Please provide a separate document (2-3 typed pages) that highlights your interest in the 2010 AGEP Summer Research Institute at Stony Brook University. Be very clear as to what you hope to gain from the program and how this research experience will help you achieve your academic and career goals. Be sure that your name is clearly noticeable on each page of your statement and note that a competitive and complete statement will include a description of the following:

- Your specific research interests (Clearly stated interests are crucial in determining an appropriate faculty match);
- Details about any relevant research experience you have had in an academic or work setting;
- Your goals beyond the baccalaureate degree; and
- The qualities you possess that you think will contribute to the SRI 2010, benefitting the program and the other interns.

PART VII – VERIFICATION

Certification: I hereby certify that the information provided by me on this application is true and complete. Further, I understand that my participation in the AGEP Summer Research Institute at Stony Brook University may be denied if any information is found to be false.

Printed Name of Applicant: _____

Social Security Number: _____

Signature of Applicant: _____

Date: _____

Application Checklist: For best consideration, each of the following items must be received by the AGEP SRI office by the application deadline. Please confirm your submission of the following:

- A completed and signed application
- 2-3 page personal statement as described in Part VI
- Two letters of recommendation
- One official transcript from each undergraduate institution attended

Please tell us how you heard about the AGEP Summer Research Institute at Stony Brook University:

- Professor
- Academic Advisor/Program Mentor
- Friend/Peer
- Family
- Flier at a Recruiting Event
- Stony Brook University website
- Other: _____

Thank you for applying to the AGEP Summer Research Institute! Please submit application materials and direct all inquiries to:

Kathryne Piazzola, Program Coordinator
 Alliance for Graduate Education and the Professoriate (AGEP)
 Center for Inclusive Education
 Melville Library, Suite E1340
 Stony Brook University
 Stony Brook, NY 11794-3387
 Office: (631) 632-1387
 Fax: (631) 632-1837
 sunyagep@notes.cc.sunysb.edu

FOR AGEP OFFICE USE ONLY:

Reviewed by:

AWARD

NO AWARD

Decision Date: _____

Placement Information

Student first notified of decision via:

Phone Date: _____

Email Date: _____

Letter Date: _____

Fax Date: _____