



**APPLICATION FOR A SUMMER RESEARCH FELLOWSHIP  
IN BIOCHEMISTRY & MOLECULAR BIOLOGY**

**Return to:** Summer Research Program, Department of Biochemistry & Molecular Biology, Wayne State University School of Medicine, 540 E. Canfield, Detroit, MI, 48201. Tel: (313) 577-1514 • Fax: (313) 577-2765  
**DEADLINE MARCH 3, 2008**

**A. Background Information**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Day Phone Number \_\_\_\_\_ Evening \_\_\_\_\_  
Current College \_\_\_\_\_ Major \_\_\_\_\_  
Current GPA (overall) \_\_\_\_\_ GPA in Science Courses \_\_\_\_\_  
Email Address \_\_\_\_\_ Do you have housing near Detroit? (Y/N) \_\_\_\_\_  
Years of University training completed by June, 2008 \_\_\_\_\_  
Research preference in the Department: \_\_\_\_\_

**B. Areas of Interest**

**Statement of Purpose:** On a separate piece of paper, please write a statement outlining your reasons for wishing to participate in the research program, research objectives and career goals.

**Biographical Sketch:** Include a biographical sketch listing your interests and scientific achievements, including student association memberships, high school activities, volunteer work etc.

**Letters of Reference:** Two letters of reference are to be submitted directly to the address above by their authors. If you have had previous research experience, one or both letters should come from your research adviser(s). One letter must be from a faculty member.

**Transcripts:** Please have an official transcript copy mailed directly to the address above.

**C. List science courses taken so far (include grade).** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Laboratory Research Experience:**

<u>Dates</u>	<u>Employer (Name and Address)</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____

**E. Spring semester ends on:** \_\_\_\_\_ **Fall semester starts on:** \_\_\_\_\_

**F. How did you learn about this program? Be specific** \_\_\_\_\_

**G. References (two must be college science faculty):**

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**H. Signature.** I certify that the information given in this application is true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_