

**UNIVERSITY AT ALBANY
SUMMER
RESEARCH
PROGRAM**



UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

Application Form
Deadline: March 13, 2009

Contact Information:
Deanna Moorehead
Program Coordinator
University at Albany Summer Research
Program -UASRP
1400 Washington Ave LI-94H
Albany, NY 12222
Email: DMoorehead@uamail.albany.edu

Please type or print clearly * All information requested is required

CONTACT INFORMATION	
Name:	
Campus Address:	
Home Address:	
City, State, Zip Code:	
Local/Mobile Phone:	() -
Home Phone:	() -
Email Address:	

ADDITIONAL INFORMATION	
Social Security #:	- -
Date of Birth:	
Sex:	
Ethnicity:	
United States citizen:	(Yes/No)
Permanent Resident: (Yes/No)	Alien Registration number: - -

ACADEMIC INFORMATION	
Do you currently attend UAlbany?	
If not, state the name of your institution.	
Academic Status: (soph., jr. sr.)	
Major:	
Minor:	
Cumulative GPA:	
Do you intend to pursue a (MD. or Ph.D.)?	(Yes/No/Undecided)
If yes, in what field?	

Please respond to the following on a separate sheet of paper

- Describe any prior research experience.
 - Include a personal statement where you may describe the following:
 - a) Your academic/career goals and your plans to reach them.
 - b) If you have performed less than satisfactorily in any of your classes, please explain the circumstances.
 - c) If there is anything else you wish to have the selection committee consider, please comment.
 - Also, include a copy of your résumé.
-

I have included the following:

- Official transcript (copies are not accepted)
- Science Faculty or Major Faculty Reference # 1
- Science Faculty or Major Faculty Reference # 2
- Personal Statement
- Résumé

Mail or Email application with all information requested to:
Deanna Moorehead
Program Coordinator
University at Albany -UASRP
1400 Washington Ave LI-94H
Albany, NY 12222
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(Your application will not be complete until all items listed above are received.)

The University at Albany Summer Research Program is designed to benefit qualified individual who are in serious pursuit of advanced degrees in the area of science, technology, and engineering.

If selected, I agree to participate in all aspects of the program.

Applicant's Signature _____

Date / / _____

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FACULTY EVALUATION: UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

TO BE COMPLETED BY APPLICANT

Name

name middle last

Email Phone () -

Under the Family education Rights and Privacy Act, a student participating in the University at Albany Summer Research Program (UASRP) has access to his or her program file. The UASRP wishes to comply with this law, while still allowing the student to waive the right to access. If you wish to waive the right to examine this evaluation later, please sign here.

Applicant's signature:

TO BE COMPLETED BY EVALUATOR

Date / /

An application for admissions to UASRP requires evaluations from two faculty members who are capable of judging the professional and academic promise of the applicant.

Please return this evaluation in a sealed envelope, with your signature written across the seal, in time for the applicant to meet the following deadline: March 14, 2008. The evaluation should be return to the following addressee:

Deanna Moorehead
Program Coordinator
University at Albany -UASRP
1400 Washington Ave LI-94H
Albany, NY 12222
Email: DMoorehead@uamail.albany.edu

(Please print or type)

Evaluator's Name: Title:

Address:

(College/University and Street Address)

Telephone: () - Email:

In what capacity do you know the applicant? _____ How long have you known the applicant? _____

How does this applicant compare with her or his peer group in academic ability?

- Exceptional Among the very best you have known
 Outstanding Comparable to current students
 Above avg. Top 25%
 Avg. High ability
 Below avg. Lower 50%
 Unable to Eval.

Signature Date / /