The University at Albany Summer Research Program (UASRP) is an 8 week residential program, where students are placed under the direction and guidance of faculty members and researchers from various institutions and agencies.

UASRP is held during the beginning of June until the end of July.
University at Albany Summer Research Program (UASRP)

Eligibility Requirements

Applicants:
- Must be U.S. Citizen or Permeant Resident
- Must be a sophomore or junior as of July 2018
- Must have a 2.7 GPA or higher
- Should have a genuine interest in research, and learning leading towards a Ph.D.
- We should follow NSF criteria students must be from: African American, Latino, Native American, Alaskan Native, Hawaiian Native, Native Pacific Islander (Polynesian or Micronesian), or economically disadvantage
- Must submit complete application by deadline of January 26th, 2018
  (see page 2 to 6)

HOME INSTITUTION OF PREVIOUS SCHOLARS

American University
Clafin University
Cornell University
CUNY
Dillard University
Florida A & M
Fordham University
Lincoln University
Long Island University
Howard University
Keane University
Manhattanville College
Mercy College
Michigan State
Norfolk State College
Onondaga Community College
RPI
St. Lawrence University
St. Rose College
Siena College
SUNY Genesee
SUNY-College of Environmental Science and Forestry
SUNY-New Paltz
SUNY-Old Westbury
SUNY-Plattsburgh
SUNY-Potsdam SUNY-Purchase SUNY-Stony Brook Syracuse
University University Of Bridgeport Union
College University at Albany Westchester Community College
Application Deadline: January 26th, 2018
Please type or print clearly * All information requested is required

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<th>CONTACT INFORMATION</th>
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<td>Name:</td>
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<td>City, State, Zip Code:</td>
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<td>Local/Mobile Phone: (<strong><strong>)</strong></strong>-_______</td>
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<td>Home Phone:        (<strong><strong>)</strong></strong>-_______</td>
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<th>ADDITIONAL INFORMATION</th>
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<td>Social Security #:</td>
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<td>United States citizen:</td>
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<td>Permanent Resident:</td>
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<td>Alien Registration Number:</td>
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<th>ACADEMIC INFORMATION</th>
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<tr>
<td>Do you currently attend UAlbany?</td>
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<td>If not, state the name of your institution.</td>
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<td>Academic status as of 7/17: (soph., jr)</td>
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<td>Major:</td>
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<td>Minor:</td>
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<td>Cumulative GPA:</td>
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<td>Do you intend to pursue a MD or PhD?</td>
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<td>If yes, in what field?</td>
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Please include the following with your application:

- A personal statement:
  - This should be at least two pages double-spaced, Times New Roman, 12-point font, with one inch margins
  - Describe the following:
    a) Any prior research experience.
    b) Your academic/career goals and your plans to reach them.
    c) If you have performed less than satisfactorily in any of your classes, please explain the circumstances.
    d) If there is anything else you wish to have the selection committee consider, please comment.
- 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

(Your application will not be complete until all items listed above are received.)

*University at Albany students are not required to submit official transcripts, unless they attended another institution

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

I understand that if selected, I will be asked to present my research at the Buffalo McNair Conference in Niagara, NY. By signing below, I agree to participate in all aspects of the program.

Applicant’s Signature ____________________________ Date / /
**UNIVERSITY AT ALBANY**
**SUMMER RESEARCH PROGRAM**

**Application Form**

**Deadline:** January 26th, 2018

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**FACULTY EVALUATION**

**TO BE COMPLETED BY APPLICANT**

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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**

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<tr>
<th>Date / /</th>
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An application for admission 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: January 26th, 2018. The evaluation should be returned to the following address:

Ms. Mayra E. Santiago  
Interim Director  
University at Albany -UASRP  
1400 Washington Ave LI-94V  
Albany, NY 12222  
Email: msantiago1@albany.edu

(Please print or type)

Evaluator’s Name: Title:

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<tr>
<th>Address:</th>
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<tr>
<td>(College/University and Street Address)</td>
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<th>Telephone: ( ) -</th>
<th>Email:</th>
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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.**

Note: If you would like to attach a letter of recommendation along with your evaluation, please feel free to do so.

Signature Date / /
UNIVERSITY AT ALBANY  Application Form
SUMMER  Deadline: January, 26th, 2018
RESEARCH
PROGRAM

FACULTY EVALUATION  UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

TO BE COMPLETED BY APPLICANT

Name

Email

Phone

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Albany Summer Research Program (UASRP) has access to his or her program file. The UASRP
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(Please print or type)
Evaluator’s Name:  Title:

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

Note: If you would like to attach a letter of recommendation along with your evaluation, please feel free to do so.

Signature  Date / / 

Page 5 of 6