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.
Eligibility Requirements

Applicants:
- Must be U.S. Citizen or Permanent Resident
- Must be a rising sophomore or junior as of July 2019
- Must have a 2.7 GPA or higher
- Should have a genuine interest in research and learning leading towards a Ph.D.
- We do follow NSF selection criteria. Students must be: African American, Latino, Native American, Alaskan Native, Hawaiian Native, Native Pacific Islander (Polynesian or Micronesian), or economically disadvantaged.
- Must submit complete application by deadline of January 31st, 2019
  (see pages 2 to 5)
University at Albany Application Form

SUMMER RESEARCH PROGRAM

Application Deadline: January 31st, 2019
Please type or print clearly * All information requested is required

<table>
<thead>
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<th>CONTACT INFORMATION</th>
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<tr>
<td>Name:</td>
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<td>Campus Address:</td>
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<td>Home Address:</td>
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<td>City, State, Zip Code:</td>
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<td>Local/Mobile Phone:</td>
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<th>ADDITIONAL INFORMATION</th>
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<tr>
<td>Social Security #:</td>
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<td>Date of Birth:</td>
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<td>Ethnicity:</td>
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<td>United States citizen:</td>
<td>(Yes/No)</td>
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<td>Permanent Resident:</td>
<td>(Yes/No)</td>
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<td>Alien Registration Number:</td>
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<tr>
<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 7/19: (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>
<td>(Yes/No/Undecided)</td>
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<tr>
<td>If yes, in what field?</td>
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</tbody>
</table>

Contact Information:
Ms. Mayra E. Santiago
Director
University at Albany Summer Research Program -UASRP
1400 Washington Ave LI-94V
Albany, NY 12222
Email: msantiago1@albany.edu
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 areas of Science, Technology, Engineering and Math.

I understand that if selected, I will be asked to present my research at the Buffalo McNair Conference in Niagara, NY. I am also expected to present my research at selected conferences during the school year. 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 31st, 2019

FACULTY EVALUATION

TO BE COMPLETED BY APPLICANT

Name

First

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

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 31st, 2019. The evaluation should be returned to the following address:

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

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 □ mourning 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 / /
FACULTY EVALUATION

TO BE COMPLETED BY APPLICANT

Name

Email

Phone ( ) -

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1400 Washington Ave LI-94V
Albany, NY 12222
Email: msantiago1@albany.edu

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?


Among the very best you have known  Comparable to current students  Top 25%  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 / /