

University at Albany Summer Research Program 2019 Application



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 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)



HOME INSTITUTION OF PREVIOUS SCHOLARS

American University
Claflin 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
Union College
University at Albany
Westchester Community
College

University at Albany
**SUMMER
 RESEARCH
 PROGRAM**



UNIVERSITY AT ALBANY
 STATE UNIVERSITY OF NEW YORK

Application Form

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

Application Deadline: January 31st, 2019

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 as of 7/19: (soph., jr.)	
Major:	
Minor:	
Cumulative GPA:	
Do you intend to pursue a MD or PhD?	(Yes/No/Undecided)
If yes, in what field?	

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) The top three (3) areas of research you are interested in.
 - d) If you have performed less than satisfactorily in any of your classes, please explain the circumstances.
 - e) 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

Mail or Email application with all information requested to:
Ms. Mayra E. Santiago
Director
University at Albany Summer
Research Program -UASRP
1400 Washington Ave LI-94V
Albany, NY 12222
Email: msantiago1@albany.edu

(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 : UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

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

Date / /

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

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

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

Signature

Date / /

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SUMMER
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Application Form
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STATE UNIVERSITY OF NEW YORK

TO BE COMPLETED BY APPLICANT

Name _____
First Middle Last
Email _____ Phone () - _____

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(College/University and Street Address)

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Among the very Comparable to Top 25% High ability Lower 50% Eval.
best you have known current students

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

Signature _____ Date / /