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 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
SUMMER
RESEARCH
PROGRAM

Application Deadline: January 31st, 2019
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>Campus 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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<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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<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>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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<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

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

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.)

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. 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**

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**FACULTY EVALUATION**

TO BE COMPLETED BY APPLICANT

Name

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<th>First</th>
<th>Middle</th>
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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

(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.

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
SUMMER RESEARCH PROGRAM

Application Form
Deadline: January 31st, 2019

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TO BE COMPLETED BY APPLICANT

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(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?

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

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

Signature
Date / /