

II. UNIVERSITY/COLLEGE INFORMATION

Undergraduate Institution	
Address	

Major: _____

Major GPA: _____ / 4.0

Double Major: _____

Double Major GPA: _____ / 4.0

Cumulative GPA: _____ / 4.0

Minor Concentration: _____

Expected Graduation Date: ____ / ____
m m y y

Current Status: __ FH __ SP __ JR __ SR

<p>Have you taken your GREs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when? ____ / ____</p> <p>What were your scores?</p> <p>V _____ Q _____ A _____</p>

<p>Which standardized test do you plan to take? <i>(check all that apply)</i></p> <p><input type="checkbox"/> GRE</p> <p><input type="checkbox"/> GRE Subject <small>(please specify _____)</small></p> <p><input type="checkbox"/> MCAT</p> <p><input type="checkbox"/> LSAT</p> <p><input type="checkbox"/> Other (_____)</p>
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<p>Please mark the following if appropriate:</p> <p><input type="checkbox"/> MARC Scholar <input type="checkbox"/> MBRS Scholar <input type="checkbox"/> McNair <input type="checkbox"/> LS AMP <input type="checkbox"/> Other _____</p>
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→ SUBMIT an official transcript for each undergraduate institution you attended.

III. RECOMMENDATIONS

List the names, titles, and phone numbers of two professors from whom you are requesting recommendations:

Name	Title	Phone Number
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Name	Title	Phone Number
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IV. RESEARCH

Please list any research experience you have, indicating the program, institution, dates, and research topics:

Please describe your research interests:

Please list coursework taken relevant to your major and/or field of interest:

<u>Course</u>	<u>Grade Received</u>	<u>Course</u>	<u>Grade Received</u>
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

If you already know the Stony Brook University faculty member with whom you would like to conduct research, please provide the following:

Name	Title	Phone Number
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If you need to be placed in a research assignment, please provide any additional information that will help us find the most suitable placement:

V. FUTURE PLANS

1. Do you plan to apply to graduate school upon or after completing your undergraduate studies?

Yes No

If yes, when? _____ and to which discipline? _____

2. What is your ultimate degree objective?

MA Ph.D. MD Dual (MD/Ph.D.) other (please specify _____)

3. Do you aspire to become a

college or university professor a researcher other (please specify _____)

4. Is Stony Brook University

your first choice one of your top choices a possibility not a consideration

VI. PERSONAL STATEMENT

Please describe on separate sheets (2-3 typed pages) your interest in the SUNY AGEP 2009 Summer Research Institute. Your letter of interest should explain why you want to participate in the SRI 2009, what you hope to gain from the program, and how this research experience will help you achieve your academic and career goals. Your statement should include a description of:

- Your specific research interests;
- Any relevant research experience you have had in an academic or work setting;
- Your goals beyond earning a baccalaureate degree;
- The qualities you would contribute to the SRI 2009 and how those qualities would benefit both the program and its participants

Please note that the letter of interest is the most important part of your application. Successful applicants are those who can demonstrate an understanding of research topics in their field and can express a particular interest in one or two areas. SRI 2009 staff members are available to answer any questions applicants may have regarding their letters of interest. Please make use of this resource.

Please type your name on your letter of interest and make sure that the print can be easily photocopied. All applications are photocopied and sent to faculty mentors for review.

VII. VERIFICATION FORM

A. Certification

I hereby certify that the information given by me on this application is true and complete. Further, I understand that my participation in the SUNY AGEP Summer Research Institute may be denied if any information is found to be false.

Signature of Applicant

Date

Name (print)

Social Security Number

B. Application Checklist

- Application (all five pages)
- Two Letters of Recommendation
- An Official Transcript (from each undergraduate institution attended)

C. Please tell us how you heard about the AGEP Summer Research Institute at Stony Brook University:

* Thank you for applying to the SUNY AGEP Summer Research Institute 2009.

For office use only:

<input type="checkbox"/> Award <input type="checkbox"/> No Award Date: _____	Reviewed by: _____ _____ _____
Student first notified of decision via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Fax	Placement Information: _____ _____ _____