



Drexel University College of Medicine

*Office of Biomedical Graduate,
Postgraduate and Professional Studies*

SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP APPLICATION FORM

NOTE:

- Please complete all sections
- Be sure to submit requested recommendations (2 required)
- Be sure to submit an official transcript
- All materials are due by Friday, February 5, 2010
- Incomplete Applications will not be considered
- Must reside within a reasonable commuting distance of Drexel Med. During the full term of the program
- SURF Program does not provide housing

Mail completed application to:

SURF Program
C/o Tia Dorsey
The Office of Biomedical Graduate,
Postgraduate and Professional Studies
2900 Queen Lane, Suite G-24
Philadelphia, PA 19129
Phone: 215-991-8573
Fax: 215-843-5810

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I. Applicant:

Name: _____

Present Address:

Street and/or PO Box

City, State, Zip Code

Telephone #: _____ Date of Birth: _____

Permanent Address & Telephone [if different than above]:

Street and/or PO Box

City, State, Zip Code

Telephone#

Will this be your summer address?

If not, where do you plan to reside during the SURF term?

(Note: SURF program does not provide housing, so students must reside within a reasonable commuting distance to Drexel during the full term of the program)

Social Security #: _____

Email Address: _____

Do you have any relatives who are presently employed by Drexel University?

If so, please list their names and relationship to you.

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II. College Information:

All applicants are required to submit an official transcript from all colleges and universities attended.

College or University: _____

Location: _____

___ Freshman ___ Sophomore ___ Junior ___ Senior - Expected Graduation Date:

Major: _____

Minor: _____

Science GPA: _____

Total GPA: _____

Please provide a list of courses that you are scheduled to take during the Spring 2010 semester:

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III. Previous Research Experience: (Must be type written)

Please provide a short summary of your previous laboratory research experiences. This can include research conducted both inside and outside of the classroom.

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IV. Research Interest:

List 3 areas of interest in biomedical research (i.e., cell biology, neurobiology, cancer, genetics, etc...).

1. _____
2. _____
3. _____

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V. References (names and affiliation):

1. _____
2. _____

****Please submit with your application the two (2) attached recommendation forms.****

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VI. Statement of research interests and educational/career goals: (Must be type written)

Please provide a brief personal statement addressing each of the following: **(i)** areas of research in which you would most like to work this summer, **(ii)** your educational and/or career goals

Signature of Applicant:

Date: _____

Recommendation Form

Applicant's Name: _____

Name of Person Recommending Applicant: _____

Position/Rank: _____

Institution: _____

Please check one description in each category which best fits your judgment of the applicant.

Ability to Perform Independent Research

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Oral Expression

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Analytical Ability

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Accuracy

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Writing and Reporting Ability

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Motivation and Enthusiasm

- ____ 1. truly exceptional
- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Please comment on the research potential and abilities of the student by attaching a letter of reference.

Signature of Person Making Recommendation:

Date: _____

Recommendation Form

Applicant's Name: _____

Name of Person Recommending Applicant: _____

Position/Rank: _____

Institution: _____

Please check one description in each category which best fits your judgment of the applicant.

Ability to Perform Independent Research

- ____ 1. truly exceptional
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- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

Oral Expression

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- ____ 2. above average
- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

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- ____ 3. average
- ____ 4. below average
- ____ 5. N/A unable to judge this category
- ____ Comment (opt) _____

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- ____ Comment (opt) _____

Please comment on the research potential and abilities of the student by attaching a letter of reference.

Signature of Person Making Recommendation:

Date: _____