

OFFICE OF STUDENT RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
10 S. Pine Street, MSTF 300
Baltimore, Maryland, 21201
410-706-3026 (telephone)
410-706-0094 (fax)

StudentResearch@som.umaryland.edu

Summer Research Programs (SuRP)

(High School ♦ Undergraduate ♦ Post-baccalaureate)

This form is to be used by all students (domestic or international; high school, undergraduate and postbaccalaureate) who are requesting a volunteer research experience with our faculty at the University of Maryland School of Medicine. Although funds are not currently available, the office will work with students to identify external sources for stipends. Please submit a picture (2x2) at the time you submit this application; a resume may also be submitted but is not necessary.

To: Applicant
From: Assistant Dean for Student Education & Research
University of Maryland School of Medicine
Subject: Volunteer Summer Research Training Program

Please read this application carefully. IT IS YOUR RESPONSIBILITY TO COMPLETE AND SUBMIT THE APPLICATION BY THE DEADLINE of April 15. Applications received after this date may not be reviewed. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Decisions will be reached on an on-going basis but no later than May 1.

The Application consists of five STAGES including: Personal Information (Stage I), Academic Information (Stage II), Recommendations (Stage III), Essays (Stage IV), Contract (Stage V).

Transcript and Letter of Good Standing: Contact the Registrar's office and request that they send an official copy of your current transcript and a letter or certification that you are in good standing. The transcript and 'letter of good standing' must arrive by the deadline for your application to be considered.

The application should be completed and submitted as an attachment to an e-mail message to StudentResearch@som.umaryland.edu. The individuals chosen for recommendations in STAGE III are contacted by us once you submit their names and information. Be sure their e-mail address is correct and let them know beforehand that they will receive an e-mail message from the program. Tell them that their recommendations are essential to the evaluation process. Your application will NOT be evaluated without two recommendations.

Essay Questions (STAGE IV): Complete the answers 'off-line' and then paste them into the appropriate place in the application.

Contract (STAGE V): Complete this and submit the information as instructed.

Thereafter, you can check with us to see if your application is complete.

Thank you for your cooperation and good luck with your application.

STAGE I – PERSONAL INFORMATION*			
Full name (Last, First, M.I.)			
Mail address (city, state, zip)			
Home phone		Cell phone	
E-mail address			
Date of Birth (MM/DD/YYYY)		Gender:	M <input type="checkbox"/> ; F <input type="checkbox"/>
Emergency contact(s):			
Name (Last, First, M.I.)			
Relationship			
Phone		Cell Phone	
E-mail address			

Citizenship		
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not a U.S. citizen, please list your country of birth		
If you are not a U.S. citizen, are you a permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The following only apply if you are not a US citizen		
What type of visa do you hold?		
What is your immigration status?		
What is your registration number?		

*Completed Parental Consent Statement, Health Insurance/Liability forms as applicable

STAGE II - ACADEMIC INFORMATION								
School name:								
High school* students, please indicate your current grade level:		10		11		12		GED
College students**, please indicate year in school		Fr		So		Jr		Sr
Professional/Graduate students, please indicate year in school (e.g., Y1, Y2,...)								

Cumulative Grade (%) or GPA:	
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STAGE III - RECOMMENDATIONS

Instructions: Applicants should provide the names of TWO faculty members, one of whom is the head of a science or mathematics course and the second of whom heads a mathematics, science or humanities course. We will contact them by e-mail once you submit the information. Be sure the e-mail addresses are correct and inform them beforehand to expect an e-mail request for a recommendation. Be sure you inform them that their recommendations are essential to the evaluation process. Your application will not be evaluated without two recommendations.

	Recommendation #1	Recommendation #2
Name		
Title		
Department		
Institution		
Telephone		
Email		

STAGE IV - ESSAYS

Directions: Answers to **EACH** section should be no more than 250 words, single-spaced and no smaller than a 12-point font.

- A. *Briefly tell us about yourself including any honors, hobbies, special interests and work experiences.*
- B. *Why you decided to apply to this program?*
- C. *What are your goals and how will this research experience help you to obtain those goals?*
- D. *What are your past research experience(s) and/or what research techniques if any are you familiar with, as part of a school course or extracurricular experience?*
- E. *What areas of biomedical research are you interested in?*

STAGE V - CONTRACT

If offered a position, I agree to (a) notify the Program of my decision in writing regarding the award within 7 business days of the offer being made; (b) participate in all aspects of the program during the traineeship; and submit a report and evaluation of the program within 10 days of the end of my support period.

Signature

Date

(If sent by e-mail, enter 'X' here _____ and this will suffice as your signature accepting the contract. If you are accepted, you should bring a signed copy.)

NOTE: Appointments to the volunteer program are filled on a rotating basis; the earlier you apply, the earlier you will be placed.

Materials can be submitted in the following manners:

FAX: 410-706-0094 (Office of Student Research) **or**

E-mail: StudentResearch@som.umaryland.edu with attachments **or**

Mail/deliver: Office of Student Research, 10 South Pine Street, MSTF 300, Baltimore, Maryland, 21201.