CNUP SUMMER UNDERGRADUATE RESEARCH PROGRAM

2014 Application

Postmark deadline: Wednesday, February 12, 2014
Receipt deadline: 5:00 p.m., Friday, February 14, 2014 for all fax and email components

Personal Information:

Full name: 

US Citizen? _______ yes  _______ no  If no, Citizenship Country: ________________ Visa Status: __________

Undergraduate Institution: 

Expected Graduation Date: ________________ Major: ________________________________

Prior Research Experience? _______ yes  _______ no  QPA (GPA): ________________

Mailing Address: 

E-mail Address: 

Telephone Number:

Cell: ________________________________ Other: ________________________________

Optional Information:

Sex: ___ Male  ___ Female

Race/Ethnic Status: ___ African American  ___ American Indian/Alaskan

___ Asian/Pacific Islander  ___ Caucasian  ___ Hispanic

___ Other, specify: ____________________

Disability: ___ Auditory  ___ Motor/Physical  ___ Visual  ___ None

___ Other, specify: ____________________

Date of Birth: _____ / _____ / _____ (MO/DAY/YEAR)
The following information and materials must be received before your application will be reviewed.

**An Official Transcript.** This should be complete up to and including your Fall 2013 term grades.

**Potential Faculty Mentors.** After reviewing the research interests of CNUP training faculty members, please choose the top 3 with whom you’d potentially like to work, plus 2 others if appropriate.

1st choice ___________________________________________ 4. ____________________________________________

2nd choice ___________________________________________ 5. ____________________________________________

3rd choice ___________________________________________

**Personal Statement.** This statement should be typed, double-spaced and 1-2 pages long. In your statement please describe (1) previous research experience, if any, and (2) your plans regarding post-baccalaureate training and anticipated future career goals.

We will make an effort to match successful applicants with one of their indicated faculty mentor choices. Therefore, in the final portion of your personal statement, please clearly state why you would like to work with each of the CNUP training faculty listed above (this can be done in one or two sentences for each choice indicated).

**Two Letters of Recommendation.** Please request letters from two faculty members (usually at your home institution) who best know your academic work and list these individuals below.

Name: ___________________________________________ Name: ___________________________________________

Institution: ______________________________________ Institution: ______________________________________

Department: ______________________________________ Department: ______________________________________

Email address: ___________________________________ Email address: ________________________________

Telephone: ______________________________________ Telephone: ________________________________

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Mail application materials to:
Jessica Dawson
Center for Neuroscience
E1440 Thomas E. Starzl Biomedical Science Tower
200 Lothrop Street
University of Pittsburgh
Pittsburgh, PA 15261
Telephone: (412) 648-9590 - Fax: (412) 648-1441 – Email: cnup@pitt.edu

_________________________________________________________  _______________________________
Applicant’s signature Date of application