# CNUP SUMMER UNDERGRADUATE RESEARCH PROGRAM

## 2016 Application

**Postmark deadline:** Wednesday, February 10, 2016  
**Receipt deadline:** 5:00 p.m., Friday, February 12, 2016 for all fax and email components

### Personal Information:

**Full name:**  

**US Citizen?**  
- [ ] yes  
- [ ] 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 DATE 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 2015 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: __________________________

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Mail application materials to:
Center for Neuroscience
E1440 Thomas E. Starzl Biomedical Science Tower
200 Lothrop Street
University of Pittsburgh
Pittsburgh, PA 15261
Telephone: (412) 648-9537 - Fax: (412) 648-1441 – Email: cnup@pitt.edu

_____________________________________________  _______________________
Applicant’s signature  Date of application