

ALBANY MEDICAL COLLEGE GRADUATE STUDIES PROGRAM
APPLICATION FOR
UNDERGRADUATE SUMMER TRAINING PROGRAMS
(Application Due Date: March 6, 2009)

(PLEASE PRINT OR TYPE)

YOUR NAME: _____ SOCIAL SECURITY NUMBER: _____

COLLEGE ADDRESS: _____ HOME ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

TELEPHONE NO.: _____

TELEPHONE NO.: _____

EMAIL: _____

CELL PHONE NO.: _____

USE THIS ADDRESS UNTIL: _____

UNDERGRADUATE SCHOOL: _____

UNDERGRADUATE MAJOR: _____ YEAR OF GRADUATION: _____

ARE YOU A MEMBER OF ANY OF THESE GROUPS? AFRICAN AMERICAN; AMERICAN INDIAN;
ASIAN; ECONOMICALLY DISADVANTAGED; HISPANIC; INDIA/PAKISTAN; INDIVIDUALS WITH A
DISABILITY; PACIFIC ISLANDER; OTHER. (DESCRIBE) _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____

IF NOT, STATE VISA CLASSIFICATION: _____

EDUCATIONAL PLANS AFTER UNDERGRADUATE SCHOOL: _____

LONG TERM CAREER GOALS: _____

• WRITE A PARAGRAPH (EITHER HERE OR ON A SEPARATE PAGE) ABOUT YOUR AREAS OF RESEARCH INTEREST (You may wish to consult the NIH CRISP web page (in the search form, insert Albany Med% in the institution slot and get a list of investigator's projects) or the Research section of the Albany Medical College web site):

• PERSONAL STATEMENT: Include a 1-2 page typed statement detailing why you want to participate in the Albany Medical College Undergraduate Summer Research Program.

• I HAVE ASKED _____ TO PROVIDE A LETTER OF RECOMMENDATION

I certify that the information I submit in this application is complete and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____ DATE: _____

***Applications must include: The application; Current undergraduate transcript; Personal statement; Letter of recommendation from an undergraduate instructor.**

PLEASE RETURN APPLICATION by March 6, 2009 TO:

THE GRADUATE STUDIES PROGRAM
ROOM MS-134, MAIL CODE 16
ALBANY MEDICAL COLLEGE
ALBANY, NY 12208

If you have any questions, feel free to call at (518) 262-5253
or email Graduate-Studies@mail.AMC.edu