



Graduate Diversity Program

Summer Research in the College of Life Sciences*

*As of 7/1/05, the College's name will change to College of Chemical and Life Sciences.

June 5 - July 23, 2006

Please type or print legibly in black ink and answer all questions completely!

Name

First

Middle Initial

Last

Social Security Number (for financial purposes only):

- -

Current Mailing Address:

Street Address

Apartment Number

City

State

Zip

Telephone Number (include area code)

Cell Number

Email Address

Permanent Mailing Address (if different from above)

Street Address

Apartment Number

City

State

Zip

Telephone Number (include area code)

Race/Ethnicity

(check appropriate option, you may indicate more than one ethnicity)

- *African American*
- *Asian/Pacific American (please specify)*

* *Latino/Hispanic (please specify)*

Native American/American Indian (please indicate tribal enrollment)

White/Caucasian

Other (please specify)

Name of Your Undergraduate Institution

City

State

Major

*Bachelor's Degree Expected:

Month

Year

Grade Point Average _____

* **Rising seniors only; graduating in Spring/Summer 2006**

GENDER

Male

Female

Citizenship/Residency

U.S. Citizen Yes No

Permanent Resident Yes No

Maryland Resident Yes No

Attach a copy of Transcript(s)

Deadline for submittal: February 10, 2006

1. In the space provided, please explain your research experience.

2. Goals you have for future research/training:

3. Top three areas of research in the College of Life Sciences that interest you: (visit our website at www.life.umd.edu/faculty to choose a research mentor in the College of Life Sciences)

- a. _____
- b. _____
- c. _____

4. _____
Signature

Date

RECOMMENDED BY:

Name: _____

Institution: _____

Address: _____

Email: _____

Phone: _____

Date: _____

Deadline for submittal: February 10, 2006
<http://www.life.umd.edu/grad/gradpartners/index.html>