

University of Maryland Scholars Summer Research Program at the School of Medicine

Program Website

http://www.medschool.umaryland.edu/osr/UM_scholars

DEADLINE

Monday, February 6, 2017

PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Date of Birth	Gender	Citizenship		
Email		Phone		
Address		Apt/Suite		
City		State	Zip Code	

ACADEMIC INFORMATION

Classification	Cumulative GPA
Major Area(s) of Academic Study	
Minor Area of Academic Study	
Program, if applicable	

PHOTOGRAPH

Max size 50KB

Indicate other commitments or plans during the summer that may prevent you from participating in a portion of the Program and its activities.

Note on PDF Software: It is highly recommended that you use Adobe Acrobat or Adobe Reader version 8.0 or later to complete the form. Adobe Reader is available for free at <http://www.adobe.com/products/reader.html>.

Please review and save a copy of the form before submission. Submit by email as an attachment.

ESSAYS

What are your long-term goals and how will this summer research experience help you toward attaining those goals? (Max. Length: 250 words)

Share your past research experiences or encounters with research. Discuss the aspects that impacted you the most. (Max. Length: 250 words)

What areas of research are you interested in and why? (Max. Length: 250 words)
