

Please fill out the information requested:

(To fill the check boxes in Word, right click on the box and select "Properties" and a window will open that says "Check Box Form Field Options". Click " Checked")

NAME:		ADDRESS:	
PHONE:		EMAIL:	
COLLEGE: Applicants must be enrolled in Bachelor Degree Program		MAJOR: OVERALL GRADE POINT AVERAGE (4.0 SCALE):	
ACADEMIC LEVEL: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Projected Graduation Year:	
I identify my sex as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Male-to-Female Transsexual <input type="checkbox"/> Female-to-Male Transsexual <input type="checkbox"/> Prefer Not to Answer		Race and Ethnicity Categories (choose all that may apply):	
		Racial categories: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Answer	Ethnicity categories: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer

Please list all biology and other science college courses taken or currently enrolled in:

SCIENTIFIC DISCIPLINE	COURSE NAME	COURSE PREFIX-NUMBER	GRADE
Biology			
Botany			
Plant Science			
Genetics			
Chemistry			
Physics			
Math			
Engineering			
Other Science			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. If you have not done so, do you plan on taking the MCAT (Medical College Admissions Test) or the DAT (Dental Admission Test) in the future? YES NO

(If YES answer the following questions, otherwise go to Question 2)

a. Which of the above examinations do you plan to take? MCAT DAT

b. What is your projected date for taking this examination?

2. Have you taken the MCAT or DAT? YES NO

(If YES answer the following questions, otherwise go to Question 3)

a. Which of the above examinations did you take? MCAT DAT

b. What was your score on this examination? (Documentation required)

c. If you did not do as well on this examination as you would have liked, do you plan on retaking this examination in the future? YES NO

d. If YES to c., what is the projected date for retaking this examination?

3. If you have not done so, do you plan on taking the GRE (Graduate Records Examination) in the future?
YES NO

4. If YES to Question 3, what is your projected date for taking this examination?

5. Have you taken the GRE? YES NO

6. If YES to Question 5, what was your score on this examination? (Documentation required)

Instructions: You are not confined to the space provided. As you type, more pages can be added.

7. Have you had any previous research experience and if so **briefly** describe it (under whom did you take it? When? Where? Topic? Did you present your results at a scientific meeting and/or was it published?)

8. How could participating in this REU program help your career path?

9. Briefly describe what benefits you expect to derive from your research experience here at FAMU?

10. What is your career aspiration following completion of the Bachelor Degree?

Please check each statement below, indicating that you understand and/or agree to the following rules and conditions:
 (To fill the check boxes in Word, right click on the box and select "Properties" and a window will open that says "Check Box Form Field Options". Click "Checked")

<input type="checkbox"/>	I will follow the Student Code of Conduct as set forth in the Florida A & M University Student Code of Conduct (http://www.famu.edu/index.cfm?judicialAffairs&StudentCodeofConduct).
<input type="checkbox"/>	I will abide by all laboratory safety rules of the program.
<input type="checkbox"/>	I have a genuine interest in developing research skills and techniques to further my career.
<input type="checkbox"/>	I will receive a stipend of \$5,250 (\$525/per week for 10 weeks).
<input type="checkbox"/>	I will receive \$100/wk to pay for meals and snacks and will only pay for meals/snacks should I exceed the allowed weekly allotment.
<input type="checkbox"/>	I will receive a maximum of \$300.00 for travel (receipts, travel itinerary required for reimbursement).
<input type="checkbox"/>	I must work at least 40 hours/week (a time-sheet will be submitted as documentation).
<input type="checkbox"/>	I must be present for the entire 10-weeks with the exception of holidays recognized by FAMU.
<input type="checkbox"/>	I must turn in a research paper on my project at the end of 10-weeks
<input type="checkbox"/>	I agree to keep and turn in a log book documenting my project at the end of 10-weeks
<input type="checkbox"/>	I will make an oral and poster presentation based on my research.
<input type="checkbox"/>	I will follow all campus housing policies. (EXAMPLE: Absolutely NO PETS!)
<input type="checkbox"/>	I will be responsible for paying any deposit and any room charges for days I stay before and after check-in if I choose to use campus housing.
<input type="checkbox"/>	I will be responsible for any costs to repair damage to the campus housing if my conduct results in damage to that housing
<input type="checkbox"/>	I will be sharing a campus room with another REU student, as assigned by campus housing. (Campus housing costs covered by the REU program)
<input type="checkbox"/>	I agree to answer follow-up surveys and access tools that will be used to track and evaluate my future progress (data will be used to further refine and improve the program and not discriminated to any outside parties)
<input type="checkbox"/>	I will treat all my associates on the program with respect, without malice and will not be disruptive
<input type="checkbox"/>	I may be summarily dismissed from the program should I fail to follow any of the rules

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to accept me, or for discharge from the program should I be accepted.

Signature of Applicant: _____ DATE: _____