



**CNUP SUMMER UNDERGRADUATE RESEARCH PROGRAM**

*2014 Application*

**Postmark deadline: Wednesday, February 12, 2014**

**Receipt deadline: 5:00 p.m., Friday, February 14, 2014 for all fax and email components**

Personal Information:

Full name: \_\_\_\_\_

US Citizen?  yes  no If 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 2013 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: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Mail application materials to:

Jessica Dawson

Center for Neuroscience

E1440 Thomas E. Starzl Biomedical Science Tower

200 Lothrop Street

University of Pittsburgh

Pittsburgh, PA 15261

Telephone: (412) 648- 9590 - Fax: (412) 648-1441 – Email: [cnup@pitt.edu](mailto:cnup@pitt.edu)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date of application