



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

Applicant's signature

Date of application