

REU Site: Genes & the Environment: Research Experiences for Undergraduates from Rural and Tribal Colleges - Summer 2017

Please print or type.

APPLICANT'S CONTACT INFORMATION

Name of applicant: (last name, first name, middle initial) _____

Mailing address: _____ Apt. No. _____

City _____ State _____ Zip _____ Tel. No. Home _____

E-Mail address: _____ Cell _____

Permanent address (if different from above): _____

APPLICANT'S ACADEMIC INFORMATION

List high school(s) and college(s) attended

Name	Location	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current College: _____ Expected Graduation Date (MM/YY): _____

When did you begin college (Semester, Yr) _____ Current academic level (Fr, So, Jr, Sr) _____

Academic honors, if any: _____

Indicate Grade Point Average (GPA) and scores for the following:

GPA Overall _____ GPA science only _____ Science Credits/Hours completed _____

GPA last semester _____ Hours completed last semester _____

ACT _____ SAT _____

When did you begin college? _____ Fall _____ Spring _____ Summer _____ Year

Anticipated major subject area: _____

APPLICANT'S DEMOGRAPHIC INFORMATION

Please check where appropriate: Male ___ Female ___

U.S. Citizenship: Yes ___ No ___ Permanent Resident Alien: Yes ___ No ___

Race: Applicants who are biracial or multiracial may check more than one designation as appropriate:

White/Caucasian ___ American Indian or Native Alaskan ___ Native Hawaiian or Other Pacific Islander ___

African American/Black ___

Ethnicity: Hispanic/Latino Yes ___ No ___

Will you be the first person in your family to graduate from college? Yes ___ No ___

Date of Birth _____ Number of Dependents _____ Ages _____

If you have a disability and require an accommodation, please contact Dr. Van Doze (van.doze@med.und.edu), Dept. of Biomedical Sciences, University of North Dakota, (701) 777-6222.

List the name, address and phone number of two instructors familiar with your scientific abilities. Ask them to send a letter of recommendation to Dr. Van A. Doze, emailed or mailed to the address below.

1. _____
2. _____

APPLICATION CHECKLIST

- _____ Contact and academic information sections completed
- _____ Two letters of recommendation – letterhead, signed and email or mail to address below
- _____ Transcripts (unofficial acceptable) – email or mail directly or by student to address below
- _____ Autobiographical sketch completed

Transcripts may be issued to student or sent directly from school. Please return completed application to:

Dr. Van A. Doze,
Biology REU Site Director
Department of Biomedical Sciences
University of North Dakota
1301 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202
or FAX to (701) 777-3108
Email: van.doze@med.und.edu

Application review will begin Tuesday, March 21, 2017 and continue until all positions have been filled. Program dates: Tuesday, May 30– Friday, August 4, 2017.

If you have any questions, please contact Dr. Van A. Doze at the University of North Dakota Department of Biomedical Sciences: van.doze@med.und.edu or at (701) 777-6222.

Name: _____

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AUTOBIOGRAPHICAL SKETCH

In your own words, please discuss your academic plans, noteworthy scholarly achievements, career interests and objectives, work experience, community involvement and personal interests. Please also discuss how you learned about this program and why you are interested in participating. Also indicate why you wish to pursue a career in the sciences, including teaching. If you need more space, attach additional pages. Please print or type (three-page limit, font size no smaller than 10 point).
