

# RESEARCH EXPERIENCES FOR UND UNDERGRADUATES (REFUNDU) SUMMER 2012 APPLICATION FORM

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): \_\_\_\_\_

Emergency Contact (Name, Contact Information, Relationship): \_\_\_\_\_

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## APPLICANT'S ACADEMIC INFORMATION

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

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

Current College: \_\_\_\_\_ Expected Graduation Date (MM/YY) \_\_\_\_\_

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 Hours completed \_\_\_\_\_

GPA last semester \_\_\_\_\_ Hours completed last semester \_\_\_\_\_

SRA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_

When did you begin college? \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year

Anticipated major subject area: \_\_\_\_\_

## Demographic information required by NSF

Please check where appropriate: Male  Female

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

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

White/Caucasian  American Indian  Native Alaskan  Native Hawaiian  African American/Black

Asian American  Pacific Islander  Hispanic/Latino

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

Applicant Age \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

If you have a disability and require an accommodation, please contact Dr. Van Doze ([van.doze@med.und.edu](mailto:van.doze@med.und.edu)), Department of Pharmacology, Physiology & Therapeutics, University of North Dakota (701) 777-6222.

Name: \_\_\_\_\_

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, at the address below.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

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### APPLICATION CHECKLIST

- \_\_\_\_\_ Contact and academic information sections completed.
- \_\_\_\_\_ Two letters of recommendation.
- \_\_\_\_\_ Transcripts attached (issued-to-student), or \_\_\_\_\_ Will be mailed directly from school.
- \_\_\_\_\_ Autobiographical sketch completed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Dr. Van A. Doze, NSF-REU  
University of North Dakota School of Medicine  
501 N. Columbia Rd. Stop 9037  
Grand Forks, ND, 58202-9037  
or FAX to (701) 777-4490  
email: [van.doze@med.und.edu](mailto:van.doze@med.und.edu)

Application deadline and program dates can be found at [www.ndinbre.org/opportunities/refund](http://www.ndinbre.org/opportunities/refund).

If you have any questions, please contact Dr. Van Doze at the UND School of Medicine and Health Sciences: [van.doze@med.und.edu](mailto:van.doze@med.und.edu) or at (701) 777-6222.

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Name: \_\_\_\_\_

**RESEARCH EXPERIENCES FOR UND UNDERGRADUATES (REFUNDU)  
SUMMER 2012 APPLICATION FORM  
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).

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**RESEARCH EXPERIENCES FOR UND UNDERGRADUATES (REFUNDU)  
SUMMER 2012 APPLICATION FORM  
LETTER OF RECOMMENDATION**

**Please return to:**

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University of North Dakota School of Medicine  
501 N. Columbia Rd. Stop 9037  
Grand Forks, ND, 58202-9037  
or FAX to (701) 777-4490  
email: [van.doze@med.und.edu](mailto:van.doze@med.und.edu)

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what manner have you known the applicant? \_\_\_\_\_

Please include your opinion of the applicant's interests and skills in science, potential for selecting a career in the sciences, as well as your opinion of his/her academic skills. Use additional pages if necessary.

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