**2017 Summer Research Internship Application**

**June 5, - August 9, 2017**

**The completed application, must be sent to Dr. Tuttle by email:** **tuttle@uphs.upenn.edu** **or FAX: 215-898-0090 before 5 pm on Friday, Feb 3, 2017**

**Name (last, first, middle):**

**Mailing address: ­­­­­­­**

**E-mail address­­­­­­­­­­:**

 **Phone number:**

**School/College/Location:**

**Major: Minor:**

**Current class: Expected graduation date: GPA:**

**Name of faculty member #1 submitting recommendation:**

#1 Faculty’s phone: email address:

**Name of faculty member #2 submitting recommendation:**

#2 Faculty’s phone: email address:

**SCIENCE COURSE WORK COMPLETED**

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| --- | --- | --- | --- |
| Semester/year | Course name | Grade | Notes, description, comments |
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SUPERS@PENN, Radiation Oncology, University of Pennsylvania School of Medicine,

8-131 Smilow Center for Translational Research, 3400 Civic Center Blvd., Philadelphia PA 19104

Office Phone: 215-898-0062; FAX: 215-898-0090

**BIOGRAPHICAL DATA**

Gender: Citizenship:

**RACE AND ETHNICITY; CHECK AS MANY AS APPLICABLE (*OPTIONAL)***

 *White* Black or African American *Asian Native Hawaiian or Pacific Islander*

 *Hispanic or Latino Native American Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**WERE YOU AWARDED A FEDERAL PELL GRANT AS PART OF A FINANCIAL AID PACKAGE? (*OPTIONAL)***

 *YES NO*

**ARE YOU ELIGIBLE FOR ACCOMMODATIONS AND SPECIAL SERVICES DUE TO A DISABILITY COVERED UNDER THE ADA? (*OPTIONAL)***  *YES NO*

**PRIMARY INTEREST FOR SUMMER RESEARCH:**

 *Cell and molecular biology*

 *Tumor physiology and/or tumor therapy*

 *Cancer-Imaging (CT, PET, MRI, Ultrasound, etc.)*

 *Physics*

 *Bioengineering*

**HOW DID YOU HEAR ABOUT THIS PROGRAM?**  (CHECK ALL THAT APPLY)

 *Family/friend/peer Professor or advisor Flier*

 *Web (specify site)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**ATTACHMENTS:**

1. SUPERS@PENN is an NIH funded summer research internship program **designed specifically for students considering graduate programs leading to a Ph.D., M.D./PH.D. or equivalent degree** . Please provide a one page statement describing your interest in radiation and/or cancer research as a career. Include relevant laboratory research, work and/or volunteer experiences that affected your interest in cancer research.
2. An unofficial copy of your transcript should be submitted with the application (SUPERS reserves the right to request an official transcript prior to matriculation into the program).
3. Two recommendation letters from faculty members who you have a detailed understanding of your academic record and/or laboratory work experience. These can be submitted to Dr Tuttle, by email:tuttle@uphs.upenn.edu , FAX: 215-898-0090 or by USPS at the address below. Please use the attached recommendation form. It is the student’s responsibility to make sure letters of recommendation arrive by the Feb 1st application deadline.

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