



2018 Summer Research Internship Application
June 4, - August 10, 2018

The completed application, must be sent to supers@uphs.upenn.edu before 5 pm on Friday, Feb 2, 2018. *It is the responsibility of the applicant to ensure that all documents are received by that day and time.*

Name (last, first, middle):

Mailing address:

E-mail address:

Phone number:

School/College/Location:

Major:

Minor:

Expected graduation date:

GPA:

Gender:

Citizenship:

RACE AND ETHNICITY; (OPTIONAL) check all that apply

- White Black or African American Asian Native Hawaiian or Pacific Islander
 Hispanic or Latino Native American Other _____

Are you the recipient of a Pell Grant or other federally funded financial aid related to need?

(OPTIONAL)

- YES NO

Do you have a disability, covered under the ADA, that makes you eligible for special services

(OPTIONAL) YES NO





PRIMARY AREA OF RESEARCH INTEREST:

- o Cell and molecular biology*
- o Tumor physiology and therapy*
- o Cancer-Imaging (CT, PET, MRI, Ultrasound, etc.)*
- o Radiation Physics*
- o Bioengineering*

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

- o Family/friend/peer*
- o Professor or advisor*
- o Web PAGE_____*
- o Other_____*

ATTACHMENTS: submitted files should be word docs or PDFs. These should be submitted electronically to supers@uphs.upenn.edu by the Feb 2nd 2018 due date.

1. Please provide a one page statement/essay describing your interest in a career in **radiation and/or cancer research**. Include relevant laboratory research, work and/or volunteer experiences that affected your interest in cancer research.
2. An unofficial copy of your college transcripts 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 have a firsthand understanding of your academic record and/or laboratory research experience. An email will be sent directly to the faculty listed below detailing how to submit their recommendation.

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: _____

