

2020 Summer Research Internship Application

June 1st to August 7th 2020

Completed application must be sent to SUPERS@penmedicine.upenn.edu before 5pm, Monday, February 3, 2020

Applicant Information

Full Name: _____
Last First Middle

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

College/University: _____ City & State: _____ GPA: _____

Major: _____ Minor: _____ Expected Graduation Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a U.S. Social Security Card? YES NO Citizenship if not U.S.: _____

Race and Ethnicity (optional) Check all that apply:

White Black/African American Asian Hispanic/Latino Native American Native Hawaiian/Pacific Islander Other: _____ Gender: _____

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

Research Interest

Primary Area of Research Interest: Rank 1-5

- ___ Cell and molecular biology
- ___ Tumor physiology and therapy
- ___ Cancer-Imaging (CT, PET, MRI, XRay)
- ___ Radiation Physics
- ___ Bioengineering

How did you hear about the SUPERS program?

- ___ Family/friend
- ___ Professor or advisor
- ___ Web page _____
- ___ Other _____

Attachments to Submit

Submit files in word doc or PDF to SUPERS@penmedicine.upenn.edu by the Feb. 3rd, 2020 due date.

1. 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.

Faculty Name: _____

Institution: _____ Phone: _____

Email Address: _____

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Institution: _____ Phone: _____

Email Address: _____

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. Compose 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.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

SUPERS@PENN, Radiation Oncology, University of Pennsylvania School of Medicine,
8-130 Smilow Center for Translational Research, 3400 Civic Center Blvd., Philadelphia PA 19104
Office Phone: 215-898-0062; FAX: 215-898-0090

