

**SCHOOL OF GRADUATE STUDIES
SUNY HEALTH SCIENCE CENTER AT BROOKLYN**

2009-2010 RESEARCH DAY COMPETITION APPLICATION FORM

Please enter all information in BLACK INK. Print clearly.

Last	First	Middle			
----- ↑↑↑ Street Address ↑↑↑ -----					
City	State	Zip Code		Area Code	Number
e-mail: <input type="checkbox"/> Internal SUNY Brooklyn, Other:					

Identify yourself: Graduate Student, Medical Student Resident, Dept.: _____, PGY _____,
 Post-Doctoral Fellow (non-competitive) Other _____

My abstract should be classified for competition purposes as:

- Molecular & Cellular Biology
- Neural & Behavioral Science
- Biomedical Engineering
- Clinical Science

Type of Presentation requested:

- Oral (Platform presentations will be limited)
- Poster

College of Medicine Students please indicate your expected graduation date:

MM	YY

School of Graduate Studies students indicate date (or expected date) of:

Comprehensive Exam:				Thesis Proposal:			
	DD	MM	YY		DD	MM	YY

This application must be submitted to the Graduate Office (BSB 3-114a) by Friday, March 13, 2009 along with an **ABSTRACT of 2000 characters (see instruction sheet for specifics), e-mailed to ethrockmorton@downstate.edu as an attachment in any standard word-processing program (Word for Windows preferred). See instructions for specifics.**

I hereby submit my application to attend and present at Annual Research Day on Wednesday, April 15th 2009.

I will not be able to present on April 15, 2008. Allow me to present on a later date. I have read and understand the restrictions outlined in the instructions).

Signature of Applicant

Name of Advisor (Please Print)

Signature of Research Advisor

Name of Advisor's Department