

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

**2011-2012 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, or Other:					

Identify yourself:

"  
"

If Resident, please identify Department: \_\_\_\_\_ and PGY \_\_\_\_\_

If Other, please identify: \_\_\_\_\_

My abstract should be classified for competition purposes as:

Students, please indicate your expected graduation date:

MM	YY

**This application must be submitted to the Graduate Office (Room BSB 3-114a or Fax: 718-270-3378 – *please do not email scans of application, these fill up the email box*) along with an ABSTRACT of 2000 characters (see instruction sheet for specifics), e-mailed to [ethrockmorton@downstate.edu](mailto:ethrockmorton@downstate.edu) as an attachment in any standard word-processing program (Word for Windows preferred). Applications will only be accepted between February 1, 2011 and close-of-business on Wednesday, February 23, 2011.**

See instructions for specifics: [www.downstate.edu/grad/ard/InstructionSheet.htm](http://www.downstate.edu/grad/ard/InstructionSheet.htm)

***I hereby submit my application to attend and present at Annual Research Day on Wednesday, March 9<sup>th</sup> 2011.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Advisor (Please Print)

\_\_\_\_\_  
Signature of Research Advisor

\_\_\_\_\_  
Name of Advisor's Department