

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

2010-2011 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: Graduate Student, Medical Student CHRP Student Nursing Student

School of Public Health 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

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 as an attachment in any standard word-processing program (Word for Windows preferred) by **Friday, March 5, 2010.**

See instructions for specifics: www.downstate.edu/grad/ard/InstructionSheet.htm

I hereby submit my application to attend and present at Annual Research Day on Wednesday, April 7th 2010.

Signature of Applicant

Name of Advisor (Please Print)

Signature of Research Advisor

Name of Advisor's Department