



# SUNY DOWNSTATE Medical Center

Downstate School of Graduate Studies Summer Research Program

June 2 to July 30, 2010

**Please TYPE or print all information in BLACK INK.**

1. Name \_\_\_\_\_ 2. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

4. Current Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

E-mail: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

5. Permanent Legal Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

6. Name of Applicant's: Parent [ ] Spouse [ ] Closest Relative [ ]: \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

7. Current College/University \_\_\_\_\_

8. Faculty Advisor: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

9. Briefly describe the research area you would be interested in for the summer program and what you hope to accomplish. Please attach a separate page if necessary.

10. Describe, in detail, any prior research experience you may have had.

11. With which faculty members would you be most interested in working, please elaborate.