



SUNY DOWNSTATE Medical Center

Downstate School of Graduate Studies Summer Research Program

June 2 to July 25, 2008

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

_____ Telephone: (_____) _____
State Zip Code Area Code Number

E-mail: _____ FAX: (_____) _____
Area Code Number

5. Permanent Legal Address _____
Street City

_____ Telephone: (_____) _____
State Zip Code Area Code Number

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

Street City

_____ Telephone: (_____) _____
State Zip Code 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.