

Medical Scientist Training Program



UM-SMART Summer Research Program June 4 – August 13, 2018

Full Name:					
Last/Family Nam	10	First	Middle		Other names
Permanent Address (valid until —)		3. Current Mailing Address (until	valid)
Street, apt#			Street, apt#		
City, State, Mail/zip code			City, State, Mail/zip code		
Country			Country		
Daytime telephone: area code/nur	nber		Daytime telephone: area	code/number	
Email address			Email address		
Citizenship: U.S. Citizen			5. Birthdatemonth/day	/year	
U.S. Permanent Resident; Pe	erm. Res. A#				
If U.S. Perm. Res. name your cour	ntry of citizenship		6. Current Academic Level (Please check	one)
			1)Sophomore	3) _	Senior
			2) Junior		
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Do you have a particular clinical interest, e.g., Internal Medicine, Surgery, Pediatrics, Ob/Gyn, Psychiatry, Neurology, Not sure?
In what areas of research are you interested?
If you come from an educational, cultural or geographic background that is underrepresented in the sciences please explain or describe.
If you have experienced financial hardship as a result of family economic circumstances please explain or describe.

Two letters of recommendation are required, one of which must be from a research mentor or the instructor of a laboratory course. Letters are to be sent <u>directly from the recommender</u> to the address below by fax or e-mail. Please give the names of 2 faculty members who will write your recommendations.

NAME	TITLE	INSTITUTION	EMAIL

You may include an optional third letter from an organization where you provided community service or volunteer work. Please provide the name of a third recommender below (optional).

NAME	TITLE	INSTITUTION	EMAIL

Application, transcripts and two letters of recommendation (signed and submitted directly from your recommenders) are to be faxed, mailed or emailed to:

University of Michigan Medical School Medical Scientist Training Program 1135 Catherine Street 2965 Taubman Health Sciences Library Ann Arbor, MI 48109-5619

Phone: 734-764-6176 Fax: 734-764-8180

Email: mstp@umich.edu

APPLICANTS SELECTED AS FINALISTS FOR THE UM-SMART PROGRAM WILL BE CALLED TO PARTICIPATE IN A PHONE INTERVIEW. IF YOU ARE CHOSEN FOR A PHONE INTERVIEW YOU WILL BE NOTIFIED IN ADVANCE.

DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS IS JANUARY 19, 2018