

¹ Individuals with disabilities are defined as those with physical or mental impairment that substantially limits one or more major life activities. If an offer of admission is made under this criterion, the student will be requested to confirm that he/she meets this eligibility criterion.

² This information is requested for statistical purposes only and will not be considered in determining an applicant's eligibility for the program.

Please submit unofficial college transcript(s) for each degree you are working towards or have earned. For courses you will take this academic year that are not included on your transcript, please list them (include course, term, year)

Statement of Purpose:

Please provide a brief description of your career objectives. Include a statement describing how the UM SMART undergraduate research program will help you achieve a goal related to your future career aspirations. (300 word maximum)

Please provide a brief description of your past/present research experiences. (500 word maximum)

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 directly from the recommender 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