

Marquette University
Department of Biomedical Sciences
Summer Research Program
Application
(Submission Deadline: February 12, 2007)

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Please provide an address, phone number, and e-mail at which you can be contacted during the Spring semester regarding your status within the program.

US Citizenship: Yes No **SOCIAL SECURITY NUMBER:** _____

ETHNIC BACKGROUND (optional; circle one):

African American Asian American Native American Hispanic Caucasian Other: _____

MU ID # (if Marquette Student): _____

COLLEGE/UNIVERSITY: _____

MAJOR/AREA OF STUDY: _____

CURRENT CLASS (circle one): Freshman Sophomore Junior

OVERALL GPA: _____ **SCIENCE GPA:** _____ **BISC GPA (if BISC major):** _____

Science Courses Completed (include name and course #) **Letter Grade**

Science Courses Enrolled in for the Spring Semester:

PLEASE ARRANGE TO HAVE AN ACADEMIC TRANSCRIPT SENT TO THE ADDRESS PROVIDED AT THE END OF THIS APPLICATION.

