

**Marquette University  
Department of Biomedical Sciences  
Summer Research Program  
Application  
(Submission Deadline: February 16, 2009)**

**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.***

**Laboratory Experience (course-related or other):**

**REFERENCES:**

Please provide the names of and contact information for two instructors and/or academic advisors who are willing to serve as references for you. Please do not arrange for reference letters sent to the program.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**RANKED PREFERENCES FOR FACULTY SPONSORS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PERSONAL STATEMENT:**

Please attach a typed statement (500 words maximum) describing: 1) your interests in biomedical research; 2) your career goals; 3) how you feel that participation in the program will help you achieve your career goals; and 4) why you feel that you are qualified to participate in the program.

**THIS APPLICATION MUST BE RECEIVED BY FEBRUARY 16, 2009  
IN ORDER TO BE CONSIDERED.**

The application and required transcripts should be sent to:

Ms. Cathy Morrell  
Biomedical Sciences Summer Research Program  
Department of Biomedical Sciences  
Marquette University  
P.O. Box 1881, Milwaukee, WI 53201-1881

Please direct any questions via e-mail to Cathy Morrell @ [cathy.morrell@marquette.edu](mailto:cathy.morrell@marquette.edu)