

Summer Undergraduate Research Fellowship Program

June 15 to July 27, 2009



OHIO
UNIVERSITY

College of Osteopathic Medicine

Admissions Office
102 Grosvenor Hall
Athens, OH 45701

Phone 800-345-1560
Fax 740-593-2256

Directions for application

1. Application must be typed or written in ink. Complete all sections of this application.
2. **Due date:** Application must be postmarked by *February 1, 2009*.
3. **Transcripts:** Contact your college registrar to send your official transcript to the Ohio University College of Osteopathic Medicine address listed above. Transcripts must be issued from all colleges or junior colleges attended.
4. **Letters of recommendation:** Request two persons familiar with your academic work (or your premedical advisory committee) to submit letters of recommendation. Use of our confidential evaluation form is not required. Recommendations must be postmarked by *March 1, 2009*.

Personal Information

1. Name _____
Last First Middle

2. E-mail address _____

3. Current mailing address _____
Street number

_____ *City County (if Ohio) State/Zip*

Telephone number at current address _____ Cell number _____
Area code/Telephone number Area code/Telephone number

4. Permanent address (if different from above) _____
Street number

_____ *City County State/Zip*

Telephone number at permanent address _____
Area code/Telephone number

5. Date of birth _____ Age _____ Male Female
Month/day/year

6. Place of birth _____
City State/Zip Country (if not U.S.A.)

7. Are you a U.S. citizen? Yes No

If no, what is your residency status? Temporary Permanent

Your education

1. List in chronological order, beginning with high school, all schools, colleges and universities attended, or currently attending, whether or not a degree was granted:

Institution and location	Major field	Dates attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Current status: Sophomore Junior Senior Recent graduate

3. Date of expected graduation from college: _____ Degree expected: _____

4. If you have an undergraduate degree, complete the following: Are you currently enrolled in a graduate program or post-baccalaureate studies? Yes No Degree expected: _____

If yes: Institution _____ Major _____

5. What academic honors, prizes or scholarships have you received in high school or college?

Employment

Employed? Yes No

Employer _____ Position _____

List current and previous jobs held in the past three years:

Position and employer	Dates of employment	Hours/week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities

1. List your principal extracurricular and community activities (excluding jobs) during high school and college:

Activity	Dates of participation	Position held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay directions

Please discuss (in 200-500 words) your background, including any past research projects, tentative career plans, or any unusual aspects of your preparation and record which might be helpful in evaluating your application. Explain your reasons for applying to the program and how any prior research experience may serve you in the SURF program.

In order of preference, list by faculty name 5 research areas which interest you from the attached list of participating faculty.

