



Medical Scientist Training Program

UM-SMART Summer Program June 1 – August 5, 2016

1. Full Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> last/family name first middle other names </div>																														
2. Permanent Address (valid until _____) _____ <small>street, apt#</small> _____ <small>city, state, mail/zip code</small> _____ <small>Country</small> _____ <small>daytime telephone: area code/number</small> _____ <small>electronic mail address</small>			3. Current Mailing Address (valid until _____) _____ <small>street, apt#</small> _____ <small>city, state, mail/zip code</small> _____ <small>country</small> _____ <small>daytime telephone: area code/number</small> _____ <small>electronic mail address</small>																											
4. Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident; Perm. Res. A# _____ If U.S. Perm. Res. name your country of citizenship _____			5. Birthdate _____ <small>month/day/year</small>																											
			6. Current Academic Level (Please check one) 1) _____ Freshman 3) _____ Junior 2) _____ Sophomore 4) _____ Senior																											
7. IN ORDER TO BE CONSIDERED FOR THIS PROGRAM, AT LEAST ONE OF THE FOLLOWING CRITERIA MUST APPLY TO YOU. CONSIDERATION WILL BE GIVEN TO APPLICANTS WHO MEET MULTIPLE CRITERIA. I WOULD LIKE TO BE CONSIDERED UNDER THE FOLLOWING CRITERIA (PLEASE CHECK AT LEAST ONE): <input type="checkbox"/> I come from an educational, cultural or geographic background that is underrepresented in the sciences <input type="checkbox"/> I have experienced financial hardship as a result of family economic circumstances <input type="checkbox"/> I have a physical or mental disability that substantially limits one or more major life activities ¹																														
8. Education: List all college/universities you have attended or currently attend. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Institution</th> <th style="width: 20%;">Major Field</th> <th style="width: 15%;">Degree/Diploma</th> <th style="width: 15%;">Dates Attended from – to</th> <th style="width: 10%;">Date Deg. Rec'd or Expected</th> <th style="width: 15%;">Grade Point Average</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Institution	Major Field	Degree/Diploma	Dates Attended from – to	Date Deg. Rec'd or Expected	Grade Point Average																		
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9. <input type="checkbox"/> Male ² <input type="checkbox"/> Female ²		10. Race/Ethnicity (optional) ² 1) _____ African American 4) _____ Caucasian 2) _____ Alaskan, Hawaiian or Native of the U.S. Pacific Islands 5) _____ Hispanic American 3) _____ Asian 6) _____ Native American																												

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 and what goals you have that the UM-SMART Summer Program would help you accomplish. (100 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. **These should be sent by the recommender directly 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 did volunteer work. Please give the name of the third recommender below (if you have one).

NAME	TITLE	INSTITUTION	EMAIL

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

University of Michigan
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 BEFOREHAND.

DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS IS JANUARY 15, 2016