

Life Sciences Undergraduate Research Opportunity Program (LS UROP)

Summer 2019 and 2019-20 Academic Year

Application Form

This is a fillable PDF - please type this form. If you don't have Adobe Reader, you can fill out the form in preview or use a campus computer with Adobe Reader. If none of those options are accessible, you may print and handwrite the form and scan it using a scanner or the CamScanner app (see website for details) and submit it electronically.

Please consider application for: Summer 2019
 Academic Year 2019-20
 Summer 2019 & Academic Year 2019-20

Basic Information:

Name: _____

Major(s): _____

Preferred Name (if different from above): _____

MU Student ID #: _____

MU Email Address: _____

Cell Phone #: _____

School Address/Zipcode: _____

Permanent Address/Zipcode: _____

High School: _____

High School County & State: _____

Academic History:

MU Start Date: _____ MU GPA: _____ Expected Graduation (month, year): _____

If you previously attended a college or university other than MU, please list below:

School Name: _____ Attendance Dates: _____ to _____ GPA: _____

School Name: _____ Attendance Dates: _____ to _____ GPA: _____

Spring 2019 Courses:

Academic, social and/or athletic organizations/involvement:

Academic and extracurricular honors, distinctions, scholarships, etc:

Previous Research experience (please include semester/year, faculty mentor/institution, academic credit, salary/stipend, hours/week, and program):

If you are NOT applying for Summer 2019 funding, describe your plans for summer 2019: _____

Do you plan to apply to a graduate degree program?

MA/MS PhD MD MD/PhD Other Not sure No

Graduate/professional interest/career objective: _____

Are there any special circumstances you wish to have taken into account when your application is considered? _____

Are you applying to any other research/internship programs for Summer 2019 or the 2019-20 Academic Year? No Yes

Which ones? Arts & Science McNair Nutrition & Exercise Physiology Cherng Off-Campus
 Other: _____ CAFNR

MU Faculty Mentor: _____ **Primary Department:** _____

Faculty Mentor E-Mail: _____

Requested letters of recommendation writers (name, department and email address):

1. (mentor) _____
2. (science faculty) _____
3. (optional) _____
4. (optional) _____

Letters of recommendation are to be emailed DIRECTLY to ugr@missouri.edu by February 18, 2019 by 2:00 p.m. You are responsible for requesting these letters. Please make sure your MU faculty mentor reads, completes, and submits the Faculty Mentor Information Form with their letter of recommendation.

Any questions regarding your application or the application process can be directed to **Jenn Brown** at BrownJen@missouri.edu or (573) 882-4818. For more information and supplemental materials, visit undergradresearch.missouri.edu/lisurop.

Submit as one document with this application form (further instructions found in the application information packet):

- A current MU Student Academic Profile
- Project proposal
- A personal statement
- Resume (recommended)

Due Monday, February 18, 2019 by 2:00 p.m.

Applicant Signature: _____ Date: _____