

English



SURVEY INSTRUCTION



Undergraduate Research

University of Missouri

Coordinated by the MU Office of Undergraduate Research, the Summer Undergraduate Research Program hosts students from institutions across the nation. Interns in the program participate in educational and social activities creating a vibrant, inclusive, and welcoming summer community. Under the guidance of an MU faculty mentor, students work on their own projects in collaboration with graduate students, lab technicians, and post-doctoral researchers.

Applicants must have completed at least one year of full-time college enrollment prior to June 2024, and pursuing a major in a field related to the program to which they are applying, to be eligible for participation. In addition, students must be citizens or permanent residents of the United States.

The MU Summer Undergraduate Research Program is committed to providing an inclusive opportunity to all students. We encourage students with disabilities to apply - we will engage in the process of determining and securing appropriate accommodations with all students selected for the program.

Applicant Information

Applicant Name:

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Gender Identity (Optional)

- ☐ Male/Man
- ☐ Female/Woman
- ☐ Nonbinary/Third Gender
- ☐ Genderqueer/Gender Nonconforming
- ☐ Prefer to Self-Describe
- ☐ I decline to answer

Preferred Pronouns (Optional)

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Prefer to Self-Describe
- ☐ I decline to answer

Before continuing, please note that this program is funded by the National Science Foundation and participants must be U.S. Citizens, or permanent residents of the United States.

What is your citizenship?

☐ U.S. Citizenship

☐ Other:

Are you a permanent resident of the United States?

☐ Yes

☐ No

The National Science Foundation and this REU Site are committed to enhancing participation of individuals from groups that are underrepresented in doctoral programs within behavioral and social sciences. As such, we are requesting information regarding race/ethnicity, disability status, and disadvantaged backgrounds for the purpose of enhancing participation of those from underrepresented groups in our REU Site.

Do you identify as a person with a physical or mental impairment that substantially limits one or more major life activities as described by the Americans with Disabilities Act of 1990, as amended?

☐ Yes

☐ No

☐ Decline to answer

7) Individuals from disadvantaged backgrounds are defined as those who meet two or more of the following criteria (please check all that apply)

☐ a. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: <https://nche.ed.gov/mckinney-vento/>);

☐ b. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: <https://www.acf.hhs.gov/cb/focus-areas/foster-care>);

☐ c. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>);

- ☐ d. Have/had no parents or legal guardians who completed a bachelor's degree (see <https://nces.ed.gov/pubs2018/2018009.pdf>);
- ☐ e. Were or currently are eligible for Federal Pell grants (Definition: <https://www2.ed.gov/programs/fpg/eligibility.html>);
- ☐ f. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>).
- ☐ g. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer <https://data.hrsa.gov/tools/rural-health>, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas <https://data.hrsa.gov/tools/shortage-area/hpsa-find>).

Home Mailing Address:

Street Address:

City:

State:

Zipcode:

Are you a resident of Missouri?

☐ Yes☐ No**E-mail Address:****Please confirm your email address:****Telephone Number:**

Cell Phone:

Home Phone:

Academic Information

College/University:**Academic Major/Minor:**

Enter "N/A" or "None" if you are not pursuing a minor.

Major:

Minor:

Current Grade Level:**Overall GPA** (include scale, i.e 3.8 out of 4.0)**Expected Graduation Date**☐ Winter 2024☐ Spring 2025☐ Winter 2025☐ Spring 2026☐ Winter 2026☐ Spring 2027☐ Winter 2027☐ Other:

Do you have plans for an advanced degree? (Select all that apply.)

☐ MA/MS

☐ PhD

☐ MD

☐ MD/PhD

☐ Unknown

☐ Other

Research Experience

Do you have previous research experience?

☐ Yes

☐ No

Please tell us about your previous research experience.

How many semesters?

Who was/were the faculty
mentors with whom you worked?

Please describe (in 400 words or less)

1. What is your level of experience with research to-date (may be course-based or outside of class), including what types of skills or opportunities you have gained from those experiences?
2. What are your future educational and career goals? And what role do you think gaining experience in research on interpersonal relationships will play in those goals?



Please carefully review the faculty listings for the program to which you are applying and their research interests via MU's departmental websites. For convenience, information for the Interpersonal Relationships REU can be found [here](#).

Rank order the following potential faculty mentors for your participation in this program.
(drag and drop to reflect the order.)

Donte Bernard

Jordan Booker

Nicole Campione-Barr

Colleen Colaner

Aileen Garcia

Megan Gilligan

Antoinette Landor

Naomi Meinertz

Amanda Rose

Eunjin Tracy

Summer Program Application

Please upload a copy of your **unofficial transcript**. Please be sure to name the file by LastNameFirstNameTranscript

Please upload a copy of your **resumé or CV**. *Please be sure to name it with LastNameFirstNameResumé.*

Name, title and email address of one recommender.

Letters of recommendation, should be e-mailed directly to the MU Office of Undergraduate Research by **Friday, February 16, 2024**.

☐ I acknowledge that I need to communicate with my recommender to have them email the recommendation letter to ugr@missouri.edu.

Confirm: To what email address should your recommender send the recommendation letter? (By Friday, Feb 16th)

Application Closing

Do you have any other comments or information which you wish to share with us?

How did you learn about our summer program?

☐ Mizzou's Office of Undergraduate Research website

☐ My University's Undergraduate Research Office

☐ Conference (Please specify which conference)

☐

Other

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