

SURVEY INSTRUCTION



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

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		_
		_
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		_
		_

Date of Birth (MM/DD/YYYY)

Gender Identity (Optional)

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

Preferred Pronouns (Optional)

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

Do you consider yourself deaf/hard-of-hearing?

O Yes

O No

If yes, do you require interpreting services?

\cap	Yes
\smile	100

O No

Do you have any other disabilities you would like to self-disclose? (Optional)

- O Yes
- O No

If yes, please elaborate

What is your citizenship?

U.S. Citizenship

	Other:	
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Are you a permanent resident of the United States?

- O Yes
- O No

Home Mailing Address:

Street Address:

City:

State:

Zipcode:

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Are you a resident of Missouri?

O Yes

O No

E-mail Address:

Please confirm your email address:



Telephone Number:

Cell Phone:

Home Phone:

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Academic Information

College/University:

Academic Major/Minor:

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

Major:

Minor:

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What is the last day of your Spring Finals Week?

Current Grade Level:

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Spring 2024 Courses

Please provide the list of courses in which you are enrolled for Spring 2024.

Course #1

Course #2

Course #3

Course #4

Course #5

Course #6

Overall GPA (include scale)	Overall	GPA	(include	scale)
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Expected Graduation Date

O Winter 2024

O Spring 2025

O Winter 2025

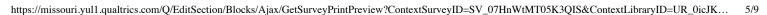
- O Spring 2026
- O Winter 2026
- O Spring 2027
- O Winter 2027

O Other:

Are you an NIH MARC student?

O Yes

O No



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Do you have plans for an advanced o	degree? (Select all that apply	'.)
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MA/MS
PhD
MD
MD/PhD
Unknown
Other

What are your educational and career plans after graduation?

Research Experience

Do you have previous research experience?

- O Yes
- O No

Please tell us about your previous research experience.

Please provide us a brief summary of your research interests for this summer and beyond.

Summer Program Application

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 **Materials Science & Engineering REU** on this website.

List up to eight (8) faculty members, in order of preference, whose research is of interest to you.

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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

Please upload a copy of your **personal statement**. *Please be sure to name the file by LastNameFirstNamePersonalSt*.

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

Letters of recommendation, one required (two preferred), should be e-mailed directly to the MU Office of Undergraduate Research by Friday, February 16, 2024.

O I acknowledge that I have to speak to my recommenders 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?

University of Missouri's Office of Undergraduate Research website

My University's Undergraduate Research Office

Conference (Please specify which conference)

Other	
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