

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 two years of full-time college enrollment prior to June 2024, and pursuing a major in a field related to the program for 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 all students, including those with disabilities, to apply. Students requiring accommodations to participate in our program should contact Heather Tearney - 573-882-5979 - tearneyk@missouri.edu so we can engage in the process of determining and securing accommodations.

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

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

- Yes
- No

If yes, please elaborate

What is your citizenship?

U.S. Citizenship

Other:

Are you a permanent resident of the United States?

Yes

No

Home Mailing Address:

Street Address:

City:

State:

Zipcode:

Are you a resident of Missouri?

Yes

No

Please enter your email address.

Please confirm your email address.

Telephone Number:

Cell Phone:

Home Phone:

Academic Information

What is your Current College/University:

Academic Major/Minor:

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

Major:

Minor:

What is the last day of your Spring Finals Week?

Current Grade Level:

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 please, (for instance if you have a 3.8 on a 4.0 scale, or a 4.7 on a 5.0 scale.)

Expected Graduation Date

Winter 2024

Spring 2025

Winter 2025

Spring 2026

Winter 2026

Other:

Are you an NIH MARC or RISE student?

Yes

No

Plans for an advanced degree? (Select all that apply.)

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?

- Yes
- 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. Participating Departments and Faculty can be found on the following links:

[Translational Biomedicine Information Sheet](#)

[Biochem Biophysics Faculty](#)

[Cancer Biology Faculty](#)

[Infection Immunity Faculty](#)

[Integrative Physiology Faculty](#)

[Population Precision Health Faculty](#)

[Nutrition & Exercise Physiology Faculty](#)

[Biochemistry](#)

[Molecular Microbiology & Immunology/Molecular Pathogenesis & Therapeutics](#)

[Medical Pharmacology & Physiology](#)

[Nutrition & Exercise Physiology](#)

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

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>

Please upload a copy of your **unofficial transcript**. *Please name the file using your LastNameFirstName - Transcript*

Please upload a copy of your **personal statement**. *Please name the file using your LastNameFirstName - PState (Word doc or PDF.)*

Please upload a copy of your **resumé**. *Please name the file using your LastNameFirstName - Resumé (Word doc or PDF.)*

Letters of recommendation, one required (two preferred), should be e-mailed directly to the MU Office of Undergraduate Research by Sunday, February 16, 2024. You will receive a confirmation email of your application and responses, included will also be the email address to which the letters of recommendation should be sent - ugr@missouri.edu

For our records, list your recommenders here:

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

Confirm: To what email address should your recommenders 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?

- Conference (please tell us which one)
- My home college/university's Office of Undergraduate Research
- Mizzou's Office of Undergraduate Research website
- Other

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