Biomedical Sciences Summer Research Experience 2020 Program APPLICATION COVER PAGE

 $\underline{http://vetmed.oregonstate.edu/research/biomedical-sciences-student-summer-research-program}$

If you wish to apply to be part of a Summer Research Experience Program you need to fill out the correspondent form.

| If you wish to apply for mo | ore than one opportunity/progra | am, please fill out a <u>sepa</u> | rate form for each | | | |
|---|--|-----------------------------------|------------------------|----------|--|--|
| opportunity you wish to try | for. | | | | | |
| Summer Research Progr | ram | | | | | |
| Clinical Experience in a | <u> </u> | | | | | |
| ☐ Veterinary School in Toulouse, France (Research) | | | | | | |
| ☐ Wild Life Experience, (| Oregon | | | | | |
| Boehringer Ingelheim V | eterinary Scholars Program (B) | IVSP) | | | | |
| | | | | | | |
| Instructions: | | | | | | |
| 1. MENTOR: Choose a mentor & project f | com the official list of Riomedical Sumr | mer Research Projects & Mentor | s you received by e- | | | |
| mail. | Choose a mentor & project from the official list of Biomedical Summer Research Projects & Mentors you received by enail. | | | | | |
| 2. FORM : | | | | | | |
| (A) Type in your personal information in Section I & at bottom. | | | | | | |
| (B) Type the Mentor & Project information in Section II. (C) Print, and sign this form. | | | | | | |
| (C) I find, and sign this form. (D) Have the mentor sign it. | | | | | | |
| 3. WRITTEN PART(s): | | | | | | |
| Send both the signed application page and typed response in one pdf file to: lynette.hawthorne@oregonstate.edu | | | | | | |
| (Follow directions for w 4. DEADLINE : | riting the responses.) | | | | | |
| | 0 p.m. on January 24, 2020 . (Late app | olications NOT considered.) | | | | |
| I Applicant Information | - | | | | | |
| I. Applicant Information | ,11 | ~ 1 | | 1 0000 [| | |
| Name: | | Class o | of: 2020 \[2021 \[\] |] 2022 [| | |
| E-mail: | | | | | | |
| | | | | | | |
| Academic History | | | | | | |
| Degree(s) | Institution | Major | GPA | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Current GPA in DVM | rogram: | | | | | |
| • | | 0 . 1 0 | | | | |
| → Note: If you have a g | graduate degree, what was the a | rea of study? | | | | |
| II. Mentor Name: | | | | | | |
| Project Title: | | | | | | |
| | | | | | | |
| Mentor Signature (Requir | ed): | Date | : | | | |
| • | <u></u> | | <u> </u> | | | |
| · · | esearch experience? No | | 2 | | | |
| • | rds, titled "Research Experienc | e, using 12-point 11mes | ioni, i-men | | | |
| margins. | | | | | | |

III. Written Requirements:

- 1. In one page (~550 words), titled "Response," (12-point Times font, 1" margins), please address the following issues:
 - (A) What is your interest and motivation for applying to the program?
 - (B) What are your expectations about the program and
 - (C) What do you hope to accomplish?
 - (D) What do you think makes you an outstanding candidate for this opportunity?
- 2. One (1) additional page (12-point Times, 1" margins) titled "Research Plan" that includes: Background, Hypothesis, Specific Aims/Research Questions, Expected Results, and short budget.

| Applicant's Signature | Typed Name | |
|-----------------------|------------|--|

Time Commitment: Students applying to this program need to commit to a 12-week program and are expected to make a presentation at the College of Veterinary Medicine Research Day, September 3, 2020. This money CANNOT be given in advance of the scheduled pay dates, which begin in July 2020. → NOTE: By signing this document, you are granting permission for us to obtain your academic record from CVM and to share your application with faculty participating in the program, funding sponsors, and the program advisory committee. Also, your signature guarantees the program coordinators of your commitment to the 12-week (30-40 h/wk) program.