

**CHEMISTRY AND BIOCHEMISTRY UNDERGRADUATE
SUMMER RESEARCH PROGRAM
2008**

Student Application Form

Please complete this form and return it with your personal statements, unofficial copy of your transcript(s), and one letter of recommendation to Undergraduate Summer Research Program, UCLA Department of Chemistry & Biochemistry, 4009 Young Hall, Box 951569, Los Angeles, CA 90095-1569.

All application materials must be received no later than 5:00 P.M., Friday, May 16, 2008.

1. General Information (please type or print neatly in black ink)

Last Name _____ First Name _____ M.I. _____
UCLA ID # _____ U.S. Citizen? Yes ___ No ___
Permanent Resident ID # _____ Last 4 digits of SSN xxx-xx-_____
Date of Birth (Month-Day-Year) _____ Gender M ___ F ___

Current Mailing Address:

Number and Street _____
City _____ State _____ Postal Code _____
Day Phone (_____) _____ Evening Phone (_____) _____
E-Mail Address _____

Permanent Mailing Address:

Number and Street _____
City _____ State _____ Postal Code _____
Day Phone (_____) _____ Evening Phone (_____) _____

Year In School: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____
Undergraduate Major _____ Expected Graduation Date (term/year) ____ / ____
Advanced Degree Objective:
Teaching Credential ___ M.D. ___ Masters ___ M.D./Ph.D. ___ Ph.D. ___
Other (specify) _____

Proposed Graduate Field of Study (if applicable) _____

What schools do you plan to apply to? _____

Proposed Start Date for Graduate/Professional School (term/year) _____ / _____

2. Research Information

Faculty Mentor(s) Name _____ Department _____
Address & Mail Code _____ Phone # _____
E-Mail Address _____

Will you be receiving any other funding for this research project? No ___ Yes ___
If yes, what will be the funding source? _____

3. Short Answer Questions

List employment/work-study positions during the past three years (*indicate dates and duration*).

List honors, awards, prizes during the past three years (*indicate dates and institution*).

List extracurricular and community activities during the past three years (*indicate dates and duration*).

List prior research activities (*indicate dates, name of program, institution and duration*).

List scientific papers and abstracts you have co-authored (*complete citation: authors, year, title, journal, vol., pages*).

4. Personal Statements

Please respond on separate sheets of paper. Number each essay response to the corresponding number for each question.

- (1) Briefly (<500 words) describe your previous research experience including the aim of the project(s) and your specific role and contributions to it. [Applicants with limited research experience can describe a work experience which has contributed significantly to their career objectives.]
- (2) Briefly (<250 words) describe your academic and career goals and how participation in this program will contribute to these goals.
- (3) Describe in no more than 500 words your proposed research project and indicate whether or not this topic is a continuation of a prior research project.

5. Transcript(s)

Submit an unofficial UCLA transcript with your application along with unofficial transcripts from any other University or Community College that you attended.

6. Recommender

Submit one letter of recommendation (see attached form) from a faculty member who can best assess your ability for scientific research.

Name of Recommender: _____

Department: _____

Position: _____

7. Checklist

___ Complete Student Application Form

___ Personal Statements

___ Unofficial Transcript(s)

___ One Letter of Recommendation

I understand that participation in this program is a full-time commitment. I will not be attending summer school or working another job. Initials _____

I hereby certify that to the best of my knowledge all information submitted is complete and correct. I also certify that I have read the material regarding the Chemistry and Biochemistry Undergraduate Summer Research Program and agree to abide by it if selected. I understand that failure to disclose accurate information is grounds for immediate termination from this program.

Signature _____ Date _____

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Letter of Recommendation

Applicant: Complete this section only. Type legibly all requested information. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a signed-sealed envelope for inclusion with your other application materials.

Applicant's Name (*First/Middle/Last*) _____

Major _____

Recommender's Name _____

University _____ Department _____

In accordance with the Family Education Rights and Privacy Act of 1974 you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to the recommendation if you become a program participant.

I hereby waive my right of access to this information.

Applicant's Signature _____ **Date** _____

Recommender: Please type or print legibly in black ink.

How long and in what capacity have you known this applicant?

Using a 10 point scale, please rate this applicant:

Poor (1-3) Fair (4-5) Good (6-7) Excellent (8-9) Outstanding (10) Not able to judge (N/A)

Academic Performance _____

Intellectual Potential _____

Creativity and Originality _____

Character _____

Maturity _____

Motivation for Graduate Study* _____

Motivation for Professional Study* _____

* For most applicants these characteristics are mutually exclusive -i.e. applicants planning to attend Professional School (e.g. Medical School) are not motivated for graduate study unless it is clear that they will combine professional studies with research.

On this page or on a separate form, please write candidly about the student's qualifications and potential for research as well as academic success. In describing attributes such as motivation, intellect and maturity, discuss both strong and weak points.

Recommender's Statement

Recommender's Signature _____ Date _____

Printed Name _____

Title _____ Phone Number _____

Email Address _____

Office Address _____