

Application for Participation in the 2015 Pharmaceutical Sciences Summer Research Program

Department of Pharmaceutical Sciences, College of Pharmacy, University of Kentucky

Participation in undergraduate research is highly recommended for anyone seriously considering a Ph.D. in Pharmaceutical Sciences. We offer a 10-week paid laboratory experience for talented undergraduate students interested in gaining research in drug discovery, drug development and pharmaceutical outcomes/policy. Some flexibility in the scheduling of summer research may be possible, but students typically participate between mid-May and August 1st. **Selection of students for the program is based on 1) a complete application, 2) reference letters, 3) transcripts/academic standing and 4) statement of career goals.**

Part I. General Information (Please print or type)

Name: _____

College or University Currently Attending: _____

Major: _____

Mailing Address: _____

Telephone Number: _____

e-mail address: _____

Part II. Academic Information

1. Current academic classification (sophomore or junior for traditional undergraduate student, 1st, 2nd or 3rd professional year for Pharm.D. students) _____.

2. Current GPA: _____ ***Please attach a copy (or photocopy) of your academic transcripts***

3. List any academic awards and honors (i.e., Dean's List, scholarships)

Part III. Recommendation Letters

Please arrange for **two** faculty members who are acquainted with your academic and/or research performance to fill out the form below and/or provide a letter of recommendation. They should **mail the form (or email) directly to the address at the bottom of the form.**

Part IV. Specific Information - Answer the following questions in detail. Attach additional pages if needed.

1. Describe any previous research or laboratory experiences you may have had.

2. Describe your long-term career goals and how spending the summer doing research may help you attain those goals.

3. Identify the two fields of pharmaceutical sciences you are most interested in exploring during the Summer 2015 Research Program. Mark your first choice as #1 and your second choice as #2. Follow the Web Links to learn more about the faculty who do research in these areas.

Drug Discovery and Design

http://pharmacy.mc.uky.edu/research/drug_discovery.php

- [Cell Biology](#)
- [Chemical Biology](#)
- [Computational Chemistry](#)
- [Medicinal Chemistry](#)
- [Molecular Biology](#)
- [Molecular, Cellular, Integrative Pharmacology](#)
- [Natural Product Chemistry](#)
- [Structure-based Drug Design](#)

Drug Development

http://pharmacy.mc.uky.edu/research/drug_development.php

- [Analytical Chemistry](#)
- [Clinical Research](#)
- [Drug Delivery/Pharmaceutics](#)
- [Drug Metabolism/Pharmaco-kinetics/-dynamics](#)
- [Formulations and Process Analytical Technology](#)
- [Materials Sciences](#)
- [Pharmacogenomics](#)
- [Transporters](#)
- [Toxicology](#)

Clinical and Experimental Therapeutics

<http://pharmacy.mc.uky.edu/research/therapeutic.php>

- [Cancer/Oncology](#)
- [Cardiovascular Disease](#)
- [Infectious Disease](#)
- [Neurodegenerative Disease](#)
- [Substance Abuse](#)

Part V. Return this application form and all materials by email or mail to:

Ms. Catina Rossoll
Summer Research Program Coordinator
789 S. Limestone St. Room 371
Lexington, KY 40536-0596

859-257-1998
cross2@email.uky.edu

DEADLINE FOR APPLICATION: __February 15, 2015_____

NOTIFICATION OF ACCEPTANCE: __mid-March 2015_____

The University of Kentucky is an Equal Opportunity/Affirmative Action Employer. Applications are invited from all qualified people regardless of race, sex, or age; minorities are especially encouraged to apply.

**University of Kentucky College of Pharmacy
Recommendation Form
Summer 2015 Research Program in Pharmaceutical Sciences**

Please return directly by mail or email to:

Ms. Catina Rossoll, Summer Research Program Coordinator
789 S. Limestone BPC Room 371
Lexington, KY 40536-0596
859 257-1998, cross2@email.uky.edu

A. To be completed by applicant before giving this form to person writing recommendation.

Name of Applicant: _____

Person Providing Recommendation: _____

Title: _____

Institution/Employer _____

The Family Educational and Privacy Act of 1974 gives the student the right to inspect letters of recommendation written in support of applications for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award.

Please sign one (and only one) of the two statements below:

I hereby waive any right to inspect
this recommendation

If admitted to the Summer 2015 program, I
reserve the right to inspect the recommendation
submitted by the person to whom this form is being
given.

Applicant Signature Date

Applicant Signature Date

B. To be completed by the person providing the recommendation.

1. I have known the applicant for approximately _____ (months/years).

2. My relationship with the applicant was (is) _____
_____ Faculty advisor
_____ Course instructor
_____ Employer
_____ Other (specify)

3. I know the applicant _____ Very well
_____ Fairly well
_____ Only casually

Please rank the candidate in the following categories, in comparison to his/her contemporaries:

	Poor 0-50%	Fair 50-70%	Average 70-80%	Very Good 80-90%	Outstanding 90-100%	Insufficient Knowledge
Communication Skills	*	*	*	*	*	*
Writing skills in English						
Oral skills in English						
Background Knowledge	*	*	*	*	*	*
Overall academic ability						
Knowledge in physiology and/or pharmacology						
Knowledge in chemistry and/or biochemistry						
Knowledge Application	*	*	*	*	*	*
Laboratory skills						
Application of knowledge						
Originality and resourcefulness						
Professional Skills	*	*	*	*	*	*
Motivation						
Enthusiasm for science						
Perseverance						
Organizational skills						
Integrity						
Ability to work independently						
Ability to work with others						

What are the major strengths of the candidate in terms of ability or character that would be predictive of success in the Summer 2015 Pharmaceutical Sciences Research Program? *A letter, on institution letterhead, can be included.*

Signature of person
providing recommendation

Date