## **Application**

# Summer 2010 Pharmaceutical Sciences Research Program Department of Pharmaceutical Sciences College of Pharmacy University of Kentucky

Selection for the program is based on: a complete application, reference letters, transcripts, statement of career goal and academic standing.

The program will start in late May and extend until late July. Students will present a poster describing their project at the end of the program. Stipend will be a total of \$3000.

Part I. General Information
Please print or type

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Name:	
College or University Currently Attending:	
Major:	
Mailing Address:	
Геlephone Number:	
e-mail address:	_
Part II. Academic Information  1. Current academic classification (sophomore or junorofessional year for Pharm.D. students)	for for traditional undergraduate student, 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup>
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 performance to fill out the form below and/or provide a letter of recommendation. They should **mail the form directly to the address at the bottom of the form**.

#### Part IV. Specific Information

Please answer the following questions in detail. Attach additional pages if needed.

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

	cribe your long-term career goals and how spending the summer doing research may help you attain goals.
2.11 .:	
2008 Res	by the two fields of pharmaceutical sciences you are most interested in exploring during the Summer search Program. Mark your first choice as #1 and your second choice as #2. Follow the Web Links to
learn mo	re about the faculty who do research in these areas.
D D'	
	scovery and Design armacy.mc.uky.edu/research/drug_discovery.php
nttp.//pm	Cell Biology
_	Chemical Biology
	Computational Chemistry
_	Medicinal Chemistry
_	Molecular Biology
_	Molecular, Cellular, Integrative Pharmacology
_	Natural Product Chemistry Structure based Drug Design
_	Structure-based Drug Design
Drug De	velopment
	armacy.mc.uky.edu/research/drug development.php
	Analytical Chemistry
_	Clinical Research
	<u>Drug Delivery/Pharmaceutics</u>
_	Drug Metabolism/Pharmaco-kinetics/-dynamics
_	Formulations and Process Analytical Technology  Materials Sciences
_	Materials Sciences Pharmacogenomics
_	Transporters Transporters
	Toxicology
Clinical	and Experimental Therapeutics
http://ph	armacy.mc.uky.edu/research/therapeutic.php
_	Cancer/Oncology
_	Cardiovascular Disease
_	Infectious Disease Neurodegenerative Disease
_	Substance Abuse
_	Pediatrics
_	

### Part V. Return this application form and all materials to:

Ms. Catina Rossoll
Summer Research Program Coordinator
725 Rose St. Room 409 College of Pharmacy Building
University of Kentucky
Lexington, KY 40536-0082

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

DEADLINE FOR APPLICATION: _	February 19, 2010
NOTIFICATION OF ACCEPTANCE	:mid-March 2010

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 2010 Research Program in Pharmaceutical Sciences

Please return directly to:

Ms. Catina Rossoll, Summer Research Program Coordinator Pharmacy Graduate Studies Office, Room 409 College of Pharmacy Building University of Kentucky, Lexington, KY 40536-0082

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

<b>A.</b> To be completed by <u>applicant</u> before giving this Name of Applicant:				
Person Providing Recommendation:				
Title:				
Institution/Employer				
in support of applications for admission or fellowship. although such a waiver cannot be a condition of admis				
Please sign one (and only one) of the two statement	s below:			
I hereby waive any right to inspect this recommendation	If admitted to the Summer 2009 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 re	ecommendation.			
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 applicantVery wellFairly wellOnly casually				

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

	Poor 0-50%	<b>Fair</b> 50-70%	Average 70-80%	Very Good 80-90%	Outstanding 90-100%	Insufficient Knowledge
<b>Communication Skills</b>	*	*	*	*	*	*
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 2010 Pharmaceutical Sciences Research Program? A letter, on institution letterhead, can be included.
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Signature of person	 Date	
providing recommendation	Date	