



# Massachusetts Institute of Technology

## Summer

## Research

## program

# in Biological Sciences

## June 1 - August 9

# 2009

This MIT Summer Research Program is designed to encourage talented sophomore and junior science majors, in particular those from disadvantaged backgrounds, from under-represented minority groups, or first-generation college students, to pursue a Ph.D. degree in the biological and biomedical sciences.

The program is open to students with a minimum science GPA of 3.5, a strong interest in basic research, and a genuine interest in attending graduate school.

All participants receive:

- On-campus housing
- A weekly stipend
- Travel expenses
- An MIT email account
- Access to the athletic facilities
- Basic health insurance.

The program is 10-weeks long, and combines an intense training in basic research with mentoring, academic seminars, social gatherings with faculty and graduate students, weekend outings, a tour of Boston and its vicinity, and cultural activities.

By the end of the program all students are required to:

- Give an oral presentation
- Give a poster presentation
- Write a 5-page research summary
- Write a personal statement
- Complete a program evaluation.

This program is funded in part by  
HHMI



**DEADLINE: January 30, 2009**  
**Late applications will NOT be considered**

**APPLICATION FORM** (Please Type or Print Clearly • All information requested is REQUIRED)

Name: \_\_\_\_\_  
First Middle Initial Last  
 U.S. Citizen       Foreign student on F-1 visa  
 Permanent Resident  
(if Permanent Resident or Foreign INDICATE COUNTRY OF ORIGIN)

Social Security Number: - -      Date of Birth: / /      Country of Birth  
Month Day Year

Race/Ethnicity:  Mexican American     Puerto Rican     Caucasian     Asian      
 African American or Black     Native American     Hispanic    Other      
(Check One; If "Asian" or "OTHER" please specify)      Gender:  Female     Male  
(Check Appropriate)

Current mailing Address: \_\_\_\_\_  
Street City State Zipcode + 4

Cell Telephone: (    )      Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zipcode + 4 Digit

Home Telephone: (    )      Cell phone: (    )

College or University: \_\_\_\_\_  
 City & State      GPA: out of  4.0  5.0  
(Indicate GPA and Check appropriate grade scale)

Major: \_\_\_\_\_  
 Major 2: \_\_\_\_\_      Class as of fall 2009  So  Jr  Sr  Gr/5th Yr      Graduation Date: / /  
(Month / year)

Honors Program:  MARC     McNair      % Merit-based  
 Other :      Are you currently on financial aid?      % Need-based  
(Check program(s) or indicate other if applicable)      if you are currently receiving financial aid from your undergraduate institution indicate % and type of aid

Faculty Advisor     Department Head: \_\_\_\_\_  
(Check applicable Title and enter name)

Address: \_\_\_\_\_  
Street City State Zipcode + 4

Telephone: (    ) -      Email: \_\_\_\_\_

**Research Areas of Interest**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Biochemistry          | <input type="checkbox"/> Genetics            | <input type="checkbox"/> Neurosciences           |
| <input type="checkbox"/> Bioengineering        | <input type="checkbox"/> Human Diseases      | <input type="checkbox"/> Plant Molecular Biology |
| <input type="checkbox"/> Bioinformatics        | <input type="checkbox"/> Genomics            | <input type="checkbox"/> Structural Biology      |
| <input type="checkbox"/> Biophysics            | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Systems Biology         |
| <input type="checkbox"/> Cancer                | <input type="checkbox"/> Immunology          | <input type="checkbox"/> Virology                |
| <input type="checkbox"/> Cell Biology          | <input type="checkbox"/> Microbiology        |  |
| <input type="checkbox"/> Computational biology | <input type="checkbox"/> Molecular Biology   |  |
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Molecular Medicine  | <input type="checkbox"/> Other*                  |

\* Additional opportunities throughout the institute may be available

Have you applied to this program before? Yes / No If so, what year?  
(Circle One)

Research Interest (Be as specific as possible)

References (Three faculty references are required. If you have research experience you MUST have a reference from your research supervisor)

| Name/Position | School/Company | Title | Telephone | Email |
|---------------|----------------|-------|-----------|-------|
|---------------|----------------|-------|-----------|-------|

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|---------------|----------------|-------|-----------|-------|
|---------------|----------------|-------|-----------|-------|

Honors, Awards and Prizes

**Please Respond to the following questions on separate paper**

1. Describe any prior research experience you have had in a university or on a summer job.

2. Describe your academic and career goals and how you plan to reach them.  M.D.  Ph.D.  M.D./Ph.D. Indicate above which degree you plan to pursue

3. If you have performed less than satisfactorily in any of your classes please explain the circumstances if you wish.

4. Include an updated resume

I have included the following:

- Official Transcript (copies are not acceptable)
- Science Faculty/Researcher Reference #1 (can be send directly)
- Science Faculty/Researcher Reference #2 (can be send directly)
- Science Faculty/Researcher Reference #3 (can be send directly)
- Responses to items 1- 4 (on a seperate paper)
- List of courses being taken at time of application (on seperate paper)

(Your application will not be considered complete until all items listed above are received.)

Mail application with all information requested to:

Dr. Mandana Sassanfar  
MIT Summer Research Program  
Department of Biology  
Room 68-102C  
77 MAssachusetts Ave  
Cambridge, MA  
02139-4307



Applicant's Signature

Date:



**DEADLINE: January 30, 2009**

NOTE: At least one recommendation should be from a faculty who can assess your ability to work in a laboratory

**FACULTY EVALUATION FORM**

**TO BE COMPLETED BY APPLICANT**

Name

First

Middle

Last

Email

Phone (      )

If you wish to waive the right to examine this evaluation at a later date, please sign below.

Applicant's Signature:

Date

**TO BE COMPLETED BY EVALUATOR**

An application for admission to the MIT Summer Research Program In Biology requires evaluations from at least two faculty members who are capable of judging the professional and academic promise of the applicant.

Please return both this form and a separate evaluation on letterhead in a **sealed envelope**, with your **signature written across the seal**, in time for the applicant to meet the following deadline: **January 30, 2009. The Evaluation should be returned to:**

**Dr. Mandana Sassanfar  
MIT Summer Research Program  
Room 68-102C  
77 Massachusetts Avenue  
Cambridge, MA 02139**

Evaluator's Name

(Please Print or Type)

Title

Address

(College/University, Office and Street Address)

City

State

Zip

Phone

Email

In what capacity do you know the applicant?

How long have you known the applicant?

How does this applicant compare with her or his peer group in academic ability?

Truly exceptional

Equivalent to the best you have known - a person who, in your experience, appears only every few years

Outstanding

Comparable to the best student

Well above average

Top 25%

Above average

Demonstrated high ability

Average

Able to complete the program

Below average

Lower 50%

No opportunity to observe

Signature

Date



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How long have you known the applicant?

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Truly exceptional       Outstanding       Well above average       Above average       Average       Below average       No opportunity to observe

Equivalent to the best you have known - a person who, in your experience, appears only every few years

Comparable to the best student

Top 25%

Demonstrated high ability

Able to complete the program

Lower 50%

Signature

Date



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State

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