



Massachusetts Institute of Technology

Summer

Research

program

in Biological Sciences

May 31 - August 8

2010

This MIT Summer Research Program is designed to encourage talented sophomore and junior science majors, in particular those from disadvantaged backgrounds, or 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, 2010
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)

Country of Birth _____ Date 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: _____
Indicate email address used most frequently

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 NO _____% Merit-based
 Other : Are you currently on financial aid? YES _____% 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"/> Psychology |
| <input type="checkbox"/> Computational biology | <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Molecular Medicine | |

* 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. If you have worked in a laboratory outside of your school in the past year 2 years you MUST include a reference from that mentor.

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

Check list::

- 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)

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



(Your application will not be considered complete until all items listed above are received.) NOTE: you must include a refrence from your most recent research experience

Applicant's Signature _____ Date: _____



DEADLINE: January 30, 2010

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, 2010. 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?

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

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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