



The MIT Office of Minority Education

Massachusetts Institute of Technology
77 Massachusetts Avenue, Building 4-113
Cambridge, MA 02139
Phone 617.253.5010
Fax 617.253.9899

2009 INTERPHASE PROGRAM APPLICATION

MUST BE RECEIVED BY: Friday, May 8th, 2009

Please make sure your application is legible and complete.

YOUR CONTACT INFORMATION

Name

Last

First

M.I.

Female

Male

Permanent Home Address

Street/Road

Unit/Apt.

City

State

Zip

Telephone Numbers

Home ()

Mobile ()

Area Code

Area Code

Email Address

Date of Birth:

____ / ____ / ____

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

Name

Last

First

M.I.

Title (Mr., Ms., Dr., Etc)

Home Address

(if different from above)

Street/Road

Unit/Apt.

City

State

Zip

Telephone Numbers

Home ()

Mobile ()

Area Code

Area Code

ETHNICITY: Please check off the groups that you identify with most:

African-American/Black (non-Hispanic)

Puerto Rican

Asian-American

Native Hawaiian, Pacific Islander

Hispanic/Latino, specify:

White or Caucasian (non-Hispanic)

Mexican-American/Chicano

Other, specify: _____

Native-American, specify tribal affiliation: _____

Other, specify: _____

LANGUAGE(S) SPOKEN AT HOME

If multi-lingual, how long have you been speaking English? _____

How did you learn about Interphase? _____

ACTIVITIES

Please list summer engineering or science programs on a college campus that you have attended (e.g. MITES, PRIME, SOAR, etc.)

	<u>NAME OF PROGRAM</u>	<u>LOCATION</u>	<u>BEGINNING/ENDING DATES</u>
1.	_____	_____	_____
2.	_____	_____	_____

Please list extracurricular activities in which you held office during high school:

Please list scholastic or academic honors received during high school:

YOUR HIGH SCHOOL INFORMATION

Name of High School _____

Complete Address _____

Street/Road

City

State

Zip Code

Graduation Date _____

Will you have completed the following courses at the time of graduation from high school?

Chemistry: Yes ___ No ___ Calculus AB: Yes ___ No ___ Calculus BC: Yes ___ No ___

Physics: Yes ___ No ___ Biology: Yes ___ No ___ Writing: Yes ___ No ___

YOUR FUTURE PLANS

Intended Major/Course of study at MIT:

Please indicate your level of interest in graduate school:

- No interest Not certain Moderate interest Definite

Please mark the statement(s) below that best describes your interest in graduate education. Check all that apply.

- I am thinking about graduate school and would like to explore options.
 I am going to graduate school after working one or two years.
 I plan to attend graduate school immediately after receiving my bachelor's degree, but I will be dependent on financial assistance.
 I plan to attend graduate school immediately after receiving my bachelor's degree, with or without financial assistance.

If interested in attending a post baccalaureate program, indicate which type of program and your level of interest:

	No interest	Not certain	Moderate interest	Definite
<input type="checkbox"/> Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> J.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ph.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M.D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL NARRATIVE STATEMENT
(Please attach as a separate page)

In an ESSAY, write a statement to help us get to know you better. Your statement should address the following items:

- * Your interest in attending Interphase / What you hope to gain from the program

- * What you will do to achieve academically during the program

- * Your aspirations after receiving your bachelor's degree

- * Any special interests, strengths, and personal characteristics you will contribute to the Interphase 2009 class

PLEASE RETURN YOUR
COMPLETED APPLICATION TO:

OME – INTERPHASE PROGRAM
77 MASSACHUSETTS AVENUE
ROOM 4-113
CAMBRIDGE, MA 02139