



**SUMMER INTERNSHIP PROGRAM
FOR SCIENTIFIC RESEARCH APPLICATION
From June 2 to August 8, 2014**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Current Phone Number: _____ Current E-mail: _____

Current Address: _____

Permanent Address: _____

Permanent Phone Number: _____ Current Institution: _____

Anticipated Graduation Date: (MM/YYYY) _____ Math/Science G.P.A.: _____ Major/Concentration: _____

Name and Email of person submitting first letter of recommendation: _____

Mailing address of person submitting first letter: _____

Name and Email of person submitting second letter of recommendation: _____

Mailing address of person submitting second letter: _____

Honors / Awards: _____

Research Experience, skills, or hobbies: _____

Statement of Interest: (In 250 words or less, please describe your interest and previous background in research, and what you hope to learn through this Summer Internship Program. Attach additional pages if necessary.)

Career and Educational Plans: (In 100 words or less, please describe your educational and career plans. Although some uncertainty is expected, we would like to know if you are considering graduate school, medical school, law school, business school, industry, etc. Attach additional pages if necessary.)

Send this application and all supporting materials by March 15, 2014 to:

**Summer Undergraduate Research Internship Program
Biology Department
c/o Dr. April Blakeslee
LIU Post
720 Northern Boulevard
Brookville, N.Y. 11548-1300**