SUMMER UNDERGRADUATE RESEARCH EXPERIENCE

May 26 –July 31, 2020
Application deadline: February 15, 2020
Taxable Stipend: $3,500 (10 week program)

For undergraduates interested in doctoral (Ph.D. degree) programs in biomedical sciences and a career as a scientist/researcher in biomedical sciences. The program will provide the opportunity to perform supervised research in the fields of molecular and cellular biology.

For additional information, please email us at gsbs-stratford@rowan.edu, call (856) 566-6282 or go to our website: rowan.edu/gsbs.

Rowan University Graduate School of Biomedical Sciences
Summer Undergraduate Research Experience
42 East Laurel Road, Suite 2200
PO Box 1011
Stratford, New Jersey 08084
The Summer Undergraduate Research Experience (SURE) is designed to provide a stimulating hands-on research experience for undergraduate students considering graduate education in the biomedical sciences. The program is conducted at Rowan University Graduate School of Biomedical Sciences in Stratford, New Jersey.

PROGRAM DESCRIPTION

Each student will have the opportunity to learn the basic skills necessary to contribute to the research effort while working with and under the guidance of a selected member of the graduate faculty. The program runs for a ten-week period from May 26 through July 31, 2020. Research opportunities for students are available in many areas of biomedical research including developmental biology, inflammatory mediators, aging, gene expression, stem cells, and cancer biology. Techniques a student might learn include: tissue culture, electrophoresis, chromatography, animal surgery, immunochemistry, fluorescence imaging, molecular genetics and recombinant DNA technology. Students will attend various scientific seminars and present their results at the close of the program. They will also be invited to participate in our annual Fall Research Retreat.

ELIGIBLE STUDENTS

The program is open to undergraduate students who are considering a research career in the biomedical sciences. Selection of students will be based on the completed application, transcript, and two letters of recommendation. Deadline for receipt of materials is February 15, 2020.

FUNDING

Students will receive a $3,500 taxable stipend in two disbursements. Students must pay for their own housing and travel expenses to and from Stratford.
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The Summer Undergraduate Research Experience (SURE) is a program designed for undergraduate students interested in doctoral (Ph.D.) bioscience programs and a career as a scientist/researcher in the Biomedical Sciences. The program provides a full-time research experience in which students work with a faculty member of the Graduate School in a modern research laboratory. Students accepted into the program will have hands-on experience in one of several exciting areas of current biomedical research.

To be considered for the program, you must provide the following:

1. **Application** and all supporting documents by February 15, 2020.

2. **Official Transcript** from all colleges attended/attending.

3. **Statement** as to why you wish to participate in this program and your career goals.

4. **Recommendation Letters (2)** from your Science faculty members. If you have research experience, one letter should be from your mentor.

There is no tuition cost for the program, and students who qualify will receive a taxable fellowship of $3,500 for the ten-week period (May 26 to July 31, 2020). Interested students should fill out the application forms and return by **February 15, 2020** to:

Rowan University  
Graduate School of Biomedical Sciences  
Summer Undergraduate Research Experience  
University Doctors Pavilion, Suite 2200  
42 East Laurel Road  
PO Box 1011  
Stratford, New Jersey 08084

If you have any questions concerning this program, please contact the Graduate School of Biomedical Sciences, (856) 566-6282 or by E-mail at [gsbs-stratford@rowan.edu](mailto:gsbs-stratford@rowan.edu). Please visit our website at [www.rowan.edu/gsbs](http://www.rowan.edu/gsbs).
SUMMER UNDERGRADUATE RESEARCH EXPERIENCE

APPLICATION FOR ADMISSION

1. Name________________________________________________________  Date of Birth _______________________
   (Last)   (First)   (Middle)

2. College/University ______________________________________________________________________________
   Mailing Address __________________________________________________________________________________
   (Number and Street)   (City, State, Zip)
   Present Classification  □ Freshman  □ Sophomore  □ Junior

3. If your education has been interrupted, list in detail your activities during intervening period (use separate page)

4. What is your undergraduate major and approximate GPA?
   Major_______________________         Overall GPA_______          Science GPA _______

5. Which of the following exams have you taken?
   □ GRE  □ MCAT  □ DAT  □ Other__________

6. Year and month you expect to enroll in a post-graduate school ________________________________

7. What type of post-graduate education do you plan to pursue?
   □ Ph.D.  □ DO/MD  □ DDS  □ DVM  □ Other_________________________

8. What research areas are you interested in? ______________________________________________________

9. Email address (personal) _________________________       Email address (college) __________________________
10. Current mailing address ___________________________________________ Telephone (___) ___________

.................................................................................................................. County if NJ __________

.......................................................... (City, State, Zip)

11. Permanent legal address (if different from above) ___________________________ Telephone (___) ___________

.................................................................................................................. County if NJ __________

.......................................................... (City, State, Zip)

12. Cell phone number _________________________

13. Social Security Number __________-________-_____________ Sex: □ Male □ Female

14. Responses to Gender, Birth Date, Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application.

   Date of Birth (Month/Day/Year): ________________________ Gender: □ Male □ Female

   Part I – Ethnicity: Select one: □ Hispanic or Latino □ Not Hispanic or Latino

   Part II – Race: Select one or more:

       □ American Indian or Alaskan Native □ Asian □ Black or African American

       □ Native Hawaiian or other Pacific Islander □ White

15. Do you require assistance in identifying suitable housing during the summer? ________________________________

16. Name and telephone number of person to notify in case of emergency ________________________________

Signature __________________________________________________ Date ________________________________

Briefly describe your biomedical career goals; include an explanation of how your participation in this program will further these goals. You should also include a description of any previous research experience that you may have.