



Office of Research
Summer Student Research Program Application
APPLICATION DEADLINE: FRIDAY, MAY 1, 2020

1. Student Information

Name		Last		First	
Mailing Address		Number and Street		City, State & Zip	
Telephone	E-mail Address				
Permanent Address		Number and Street		City, State & Zip	
County			--	--	
List name/address of the college/university where you received your undergraduate degree			Date of Graduation		
Are you a NJMS Medical Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this your 1 st <input type="checkbox"/> or 2 nd <input type="checkbox"/> Year?					

2. Demographics (optional)

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> White (Non Hispanic)	<input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic	
Student Signature		Date:

By signing this application the student is certifying that he/she is NOT enrolled in any other summer programs and has successfully completed course work making him/her eligible to participate in summer student research program. Signatures of Dr. James M. Hill and Faculty Mentor are not required to apply for position/submission of application(s). Upon acceptance of position, signatures of Dr. James M. Hill and Faculty Mentor are required.....No exceptions.

3. Faculty Mentor Acknowledgement

Mentor Name	E-mail Address	
Department		
Project Title:		
Faculty Mentor Signature		Date:
James M. Hill, Ph.D.		
Associate Dean for Student Affairs		Date:

Return Completed Application To:
Ms. Giovanna Comer
Research Office, MSB F-607
Telephone: 973-972-7090 ♦ Fax: 973-972-3585
Email: giovanna.comer@njms.rutgers.edu

