



**Office of Research**  
**Summer Student Research Program Application**  
**APPLICATION DEADLINE: MONDAY, APRIL 24, 2017**

**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	A #		--	--	
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 <sup>st</sup> <input type="checkbox"/> or 2 <sup>nd</sup> <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 form 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.**

**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 C-690**  
**Telephone: 973-972-7090 ♦ Fax: 973-972-3585**  
**Email: [giovanna.comer@njms.rutgers.edu](mailto:giovanna.comer@njms.rutgers.edu)**