



Office of Research
Summer Student Research Program Application
APPLICATION DEADLINE: MONDAY, MAY 6, 2024

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"/> Incoming 1 st <input type="checkbox"/> rising 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 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 (complete after acceptance to program)

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

Return Completed Application To:
Ms. Giovanna Comer, NJMS Office of Research
Telephone: 973-972-7090
Email: comerqi@rutgers.edu / cc: nanderson@njms.rutgers.edu