



**Office of Research
Summer Student Research Program Application
APPLICATION DEADLINE: FRIDAY, MAY 5, 2023**

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

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
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