

NJMS Office of Research
Summer Student Research Program Application
APPLICATION DEADLINE: MONDAY, MAY 12, 2025

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 ☐ No ☐ Incoming 1st ☐ rising 2nd ☐ 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: | |
| (Required) NJMS Office of Student Affairs | | Date: | |

Return Completed Application To:
Ms. Giovanna Comer, NJMS Office of Research
Telephone: 973-972-7090
Email: comerqi@rutgers.edu / cc: af734@njms.rutgers.edu