



NJMS Office of Research
Summer Student Research Program Application
APPLICATION DEADLINE: MONDAY, MAY 4, 2026

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:	
(Required) NJMS Office of Student Affairs			Date:	

Return Completed Application To:
Ms. Giovanna Comer, NJMS Office of Research
Telephone: 973-972-7090
Email: sa3037@njms.rutgers.edu / cc: af734@njms.rutgers.edu