



**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  No  Incoming 1<sup>st</sup>  rising 2<sup>nd</sup>  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:	
<b>(Required)</b> NJMS Office of Student Affairs		Date:	

**Return Completed Application To:**  
**Ms. Samantha Amorino, NJMS Office of Research**  
**Telephone: 973-972-7090**  
**Email: [sa3037@njms.rutgers.edu](mailto:sa3037@njms.rutgers.edu) / cc: [af734@njms.rutgers.edu](mailto:af734@njms.rutgers.edu)**