

UMC SUMMER INTERNSHIP PROGRAM IN PHYSIOLOGY

On-Line/Printable Application for Summer Research Program

DEADLINE IS APRIL 6, 2007

Instructions:

1. Please fill out the form accurately and completely then save it on your computer.
2. Email this form as an attachment to: tlohmeier@physiology.umsmed.edu.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Email Address: _____

Current Address: _____

Home Phone: _____ **Work Phone:** _____

Permanent Address (if different from current address):

ACADEMIC INFORMATION

College you currently attend: _____

Major: _____

Classification: Freshman Sophomore Junior Senior

GPA: Cumulative: _____ **Current semester:** _____

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LETTERS OF RECOMMENDATION

	1st Recommendation
Name	
Institution	
Phone	
Email Address	

	2nd Recommendation
Name	
Institution	
Phone	
Email Address	

SIGNATURE

I certify that the information provided on this application and supplemental documents is true and accurate to the best of my knowledge. I further understand that I must request transcripts from all previous colleges and/or universities attended before and 2 letters of recommendation before I may be considered for acceptance into this program.

Full Legal Name

Today's Date

RESEARCH INTEREST AND GOALS STATEMENT

It is important that you use the space below to provide a brief summary of your scientific interests and how these interests pertain to your future goals. Responses should be no more than 1 page in length.



FINAL INSTRUCTIONS

1. Email document to: tlohmeier@physiology.umsmed.edu
2. If you wish to send application by mail, please send it to:

**Thomas E. Lohmeier, Ph.D.
Graduate Program Director
Dept. of Physiology & Biophysics
University of Mississippi Medical Center
2500 North State St.
Jackson, MS 39216-4505**