

**SAN DIEGO STATE UNIVERSITY
NATIONAL INSTITUTES OF HEALTH
INITIATIVE FOR MAXIMIZING STUDENT DEVELOPMENT
(NIH IMSD) PROGRAM
UNDERGRADUATE RESEARCH TRAINING PROGRAM**

BEFORE COMPLETING THIS APPLICATION, YOU MUST BE ADMITTED TO SDSU

DATE OF APPLICATION: _____

I. ACADEMIC/RESEARCH INFORMATION

RED ID	
FULL NAME	
EXPECTED GRADUATION DATE	
ACADEMIC LEVEL	<input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore
MAJOR	
MINOR	
OVERALL GPA (A=4.0, B=3.0, etc.)	
SCIENCE GPA (all science, math, engineering courses)	
UNITS COMPLETED	
RESEARCH EXPERIENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, # of months: _____ or # of units: _____
NUMBER OF RESEARCH PRESENTATIONS	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >4
NUMBER OF PUBLICATIONS	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >4
HIGHEST DEGREE OBJECTIVE:	<input type="checkbox"/> MD/PhD <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____
NAME(S) OF CURRENT RESEARCH MENTOR(S) OR LIST TOP 3 POTENTIAL FACULTY MENTORS OF INTEREST	_____ _____ _____

II. PERSONAL INFORMATION

U.S. CITIZEN	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, country of citizenship: _____ <input type="checkbox"/> If you are not a US citizen, attach a NOTARIZED copy (both sides) of your Alien Registration Permanent Resident ("green") card.
ETHNICITY	<input type="checkbox"/> African American/Black Hispanic/Chicano(a)/Latino(a) <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian, Samoan, Guamanian <input type="checkbox"/> American Indian or Alaska Native; Tribe: _____ <input type="checkbox"/> Filipino(a) <input type="checkbox"/> Other Asian (identify): _____ <input type="checkbox"/> Other (identify): _____
FIRST GENERATION COLLEGE STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FATHER/GUARDIAN:	NAME: _____ OCCUPATION: _____
MOTHER?GUARDIAN:	NAME: _____ OCCUPATION: _____
FINANCIAL AID/SUPPORT: _____ OTHER FINANCIAL ISSUES/PROBLEMS:	AMOUNT: _____ _____

III. EDUCATIONAL BACKGROUND

HIGH SCHOOL	
CITY	
YEAR OF GRADUATION	

COMMUNITY COLLEGE/UNIVERSITIES ATTENDED.

List all institutions attended. Start with most current schools.

Community Colleges/Universities Attended	Dates	Field of Study – Major	Overall GPA	Major GPA	Degree Earned	Date Degree Earned/Expected

IV. ADDITIONAL INFORMATION TO COMPLETE APPLICATION

Provide a response to EACH of the following. The MBRS/IMSD Advisory Committee will use your responses to assess your interest in pursuing a research career, and also your ability to communicate through writing. (Do **not** attached additional sheets – use only space provided).

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE YOU HAVE IN RESEARCH OR RELATED AREAS.

THE MBRS-IMSD PROGRAM PREPARES STUDENTS FOR ENTRY AND SUCCESS IN PHD PROGRAMS IMMEDIATELY FOLLOWING BA/BS PROGRAM COMPLETION. HOW CONGRUENT IS THIS WITH YOUR EDUCATIONAL GOALS?

COMMENT ON YOUR EDUCATIONAL PLANS AFTER YOU COMPLETE THE BA/BS AT SDSU.

DISCUSS YOUR CAREER PLANS AFTER YOU COMPLETE YOUR FORMAL EDUCATION, PARTICULARLY HOW SCIENTIFIC RESEARCH FITS INTO THESE PLANS.

IF THERE IS A DISCREPANCY BETWEEN YOUR GRADES IN ACADEMIC COURSEWORK AND YOUR POTENTIAL, PLEASE EXPLAIN. IT IS EXPECTED THAT YOU WILL COMPLETE THE BA/BS DEGREE WITH A 3.0 GPA OR HIGHER.

EXPLAIN HOW YOUR SELECTION AS A MBRS-IMSD SCHOLAR WILL ENHANCE MINORITY PARTICIPATION IN RESEARCH CAREERS.

Arrange to have two letters of reference written on your behalf by science, engineering, computer science or mathematics faculty members (and list these below). You may download the evaluation reference form at <http://www.sci.sdsu.edu/mbrs/appl.html>

If you have participated in laboratory research, one of the letters would likely be from your research director/supervisor. If the faculty respondents prefer, they can e-mail a separate letter directly to the MBRS office at mlopez@mail.sdsu.edu. **All letters should be addressed to the "MBRS Selection Committee."**

REFEREE NAME	DEPT/INSTITUTION	EMAIL & PHONE #

I hereby authorize the MBRS-IMSD Program personnel to have access to my university records for purposes of admission to and continuation in any of the SDSU Support Programs. All information will be kept in strict confidence.

My file contains any and/or all of the following:

Copies of my transcripts of College/University work. (If you are a SDSU student, send only transcripts from work at other colleges. We will obtain your SDSU transcripts directly from web portal.)

Personal information from this application

Letters of recommendation

Other documents related to my admission or continuation in the Program.

Current curriculum vitae/resume that includes any academic (or other) honors received.

Signature of Applicant: _____

Date: _____

EMAIL ADDRESS	
HOME PHONE with AREA CODE	
WORK/LAB PHONE	
MOBILE PHONE	
LOCAL MAILING ADDRESS	
PERMANENT MAILING ADDRESS	

Please be advised that no action will be taken until your application is complete.

This application is for a research support only. If you are not yet a San Diego State University student, you must also be accepted for admission by the University prior to participation in MBRS.

Please return the completed application form to:

SDSU MBRS/IMSD Program Office, GMCS 322C

College of Sciences

San Diego State University

5500 Campanile Drive

San Diego, California 92182-1016

If you have any questions call: 619-594-3744

Email: mlopez@mail.sdsu.edu

Visit the MBRS Programs website: <http://www.sci.sdsu.edu/mbrs/>