



PROGRAM DESCRIPTION

The Summer Research Program offered by the Office of Minority Affairs is designed for undergraduate students who have historically been underrepresented in the biomedical professions (**African American, Mainland Puerto Rican, Native American and Mexican American**). The program is open to all qualified applicants, but it is preferred that students will have completed the sophomore year of college. Students having completed their bachelor's degree are ineligible. The program provides eight (8) weeks of experience and participation in biomedical research. In addition, students will participate in a weekly seminar lecture series. This is an eight-week commitment. Participants should not have any other obligations that conflict with a 9-5 Monday to Friday schedule (such as jobs, or classes).

DESCRIPTION

Students participating in the program will conduct research under the direction of a faculty member. Research assignments will be made based upon availability of research opportunities and according to the mutual interests of the faculty sponsors and student participants. Participants will have the opportunity to interact not only with the faculty members directing the research, but also with the medical/graduate students working at the site. A final abstract submission and oral presentations are requirements for completion of the summer program. Some past year's Research topics have included: "Hydralazine-induced Lupus", "In Vitro Investigation of Pressure Recovery in Aortic Valve Disease" and "DNA Fingerprinting of Mycobacterium Tuberculosis".

EXPERIENCES

Fellowships in the amount of **\$3,000** will be awarded. 7-10 Students will be selected. Housing is **not** provided for Summer Research Fellows.

ADMISSION REQUIREMENTS

Admission will be based on the **applicant's academic record, science faculty letter of recommendation, interview** (will try to arrange interview during spring break).and **intent to pursue a career in medicine or science.**

APPLICATION INSTRUCTIONS

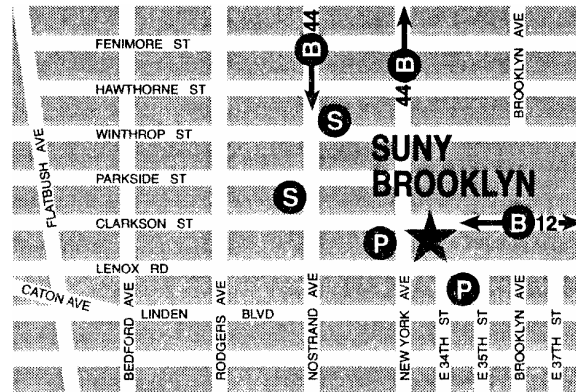
- STEP 1 Please **TYPE** all application information.
- STEP 2 Complete the Application Data Sheet.
- STEP 3 Request a copy of your **OFFICIAL** transcript from your college to be sent directly to the address noted below.
- STEP 4 Complete the applicant information at the top of the Faculty Recommendation form and submit to your science instructor.
- STEP 5 Send application data sheet to the address listed below by **March 1st**. Supporting Documents including transcript and recommendation by **March 15th**

SUMMER RESEARCH PROGRAM

Office of Minority Affairs
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 1186
Brooklyn, New York 11203

Please turn over →

Directions to SUNY Downstate



S SUBWAY **B** BUSES **P** PARKING

BY SUBWAY

IRT Flatbush Avenue Line (#2 Seventh Avenue or #5 Lexington Avenue) trains to Winthrop Street Station. [May take any IRT Brooklyn-bound train (#2, 3, 4, or 5) to Nevins Street in Brooklyn, changing there for a #2 or #5 marked "Flatbush Avenue".] Walk one block south on Nostrand to Clarkson Avenue, left one and a half blocks to 450 Clarkson Avenue.

IND "D" Line train to Parkside Avenue Station (Parkside Avenue exit). Cross street to get B12 bus.

BY BUS

The **B-12** and northbound **B-44** buses stop at the corner of Clarkson and New York Avenues.

The following lines connect with the **B-12** along Clarkson Avenue: **B-41, B-44, B-46, and B-49.**

Or transfer from the **B-35** to the northbound **B-44** at Church and New York Avenues.

PARKING

The Downstate's Medical Center's Visitor's Lot at 354 Clarkson Avenue, off New York Avenue, has limited hours and facilities available at a nominal cost. After 2:30 p.m. on weekdays, visitors may also park their cars at the Center's garage on East 34th Street off Lenox Road.



SUNY
DOWNSTATE
Medical Center

Office of Minority Affairs
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APPLICATION DATA SHEET

Please provide complete information below: (PLEASE TYPE)

PERSONAL DATA

Social Security # _____

Name _____
Last First M.I.

Home Address _____
Street Apt. #

City/Town State Zip Code

Home Phone # () _____ Cell Phone # () _____

E-mail address _____

Name of Parent (s)/ Guardian _____ Phone() _____

Status: United States Citizen € Permanent Resident € Other €
Please identify country _____
Visa Type _____

Place of Birth _____

Date of Birth _____

Please Check

Ethnicity: African-American € Mainland Puerto Rican €
Native American € Mexican American €
Other € Please Identify _____

Due by March 1st

Please turn over →



SUNY DOWNSTATE Medical Center

Office of Minority Affairs
Summer Research Program

CAMPUS INFORMATION

College/University_____

Campus Address_____

Campus Telephone # ()_____

Spring Break Schedule_____ Spring Semester ends: _____

After what date should we contact you at home rather than at your campus location?

Major _____ Expected date of graduation_____

Number of completed by the end of this Spring semester_____

Science course taken and currently enrolled _____

Career Goals_____

Scholarships, prizes, awards, memberships in honorary and professional organizations

Extra curricular activities_____

Name of Science Faculty Member supplying recommendation

Campus Address_____

Department_____ Campus Telephone # ()_____



SUNY DOWNSTATE Medical Center

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ESSAY (Typed)

Describe below your area of scientific interest and what you expect to accomplish during the fellowship experience. Please include references to research (where applicable) and community service experience as well as personal and professional goals. We are also interested in your non-academic endeavors. (Use additional paper, if necessary).



SUNY DOWNSTATE Medical Center

Office of Minority Affairs
Summer Research Program

FACULTY RECOMMENDATION FORM

Name of Applicant _____
Last First M.I.

I waive my right to view this recommendation €

I do **not** waive my right to view this recommendation €

Signature

Name of individual recommending student _____

College/
University _____

Department _____

Telephone # () _____

Science instructor in which subject _____

How long have you know the applicant _____

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Supporting Documents due by:
MARCH 15th

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SUNY DOWNSTATE Medical Center

Office of Minority Affairs Summer Research Program

Please describe in the space below the applicant's academic performance and potential based upon your interactions with him/her. Please include references to ability to conduct research in a laboratory setting, when applicable. (Use additional paper, if necessary).

All information will be confidential. If student has waived right to see this recommendation, this report will be limited to the selection committee.

Rate the applicant on the given items by numerical score of 1 to 5. Base you're rating on the degree of accomplishment usually expected of individuals at this level.

1 =outstanding 2=above average 3=average 4=below average 5=poor

X = insufficient knowledge to rate

___Originality

___Ability to Exchange Ideas

___Accuracy

___Perseverance in Pursuing Goals

___Research Ability

___Ability to Relate to Others

___Scientific Background

Signature _____

Date _____

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**SUPPORTING DOCUMENTS DUE BY:
MARCH 15th**