



# SUNY DOWNSTATE Medical Center

Office of Diversity Education  
and Research  
Summer Research Program

## PROGRAM DESCRIPTION

The Summer Research Program offered by the Office of Diversity Education and Research 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 students who have completed their sophomore or junior 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. Only 5-7 students will be selected. Housing is **not** provided for Summer Research Fellows.

### ADMISSION REQUIREMENTS

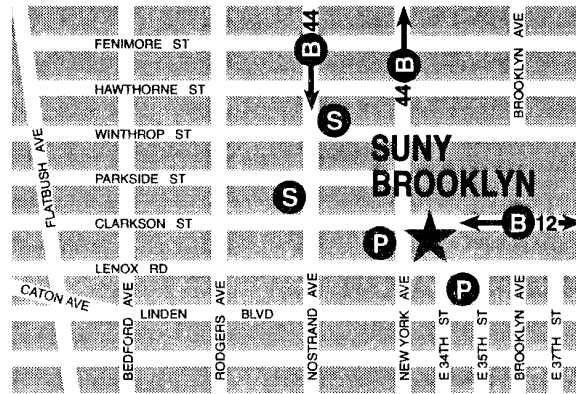
Admission will be based on the **applicant's academic record, science faculty letter of recommendation, interview** (will try to arrange interview during spring break).and **intent to pursue a career in medicine or science.**

## 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 1<sup>st</sup>**. Supporting Documents including transcript and recommendation by **March 15<sup>th</sup>**

**SUMMER RESEARCH PROGRAM**  
Office of Diversity Education and Research  
SUNY Downstate Medical Center  
450 Clarkson Avenue, MSC 1186  
Brooklyn, New York 11203

## 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. Valet parking is available at 445 Lenox Road.



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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 \_\_\_\_\_

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Status: United States Citizen  Permanent Resident  Other

Please identify country \_\_\_\_\_

Visa Type \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Please Check

Gender: F  M

Ethnicity: African-American Mainland Puerto Rican  
Native American Mexican American  
Other Please Identify \_\_\_\_\_

Note: Please email completed application to [diversity.med@downstate.edu](mailto:diversity.med@downstate.edu)



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**CAMPUS INFORMATION**

College/University\_\_\_\_\_

Year in College (i.e Sophomore or Junior)\_\_\_\_\_

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 credits completed by the end of the 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\_\_\_\_\_



# SUNY DOWNSTATE Medical Center

Department \_\_\_\_\_ Campus Telephone # \_\_\_\_\_

Office of Diversity Education and Research

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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).



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## 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 15<sup>th</sup>**

Please turn over →



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## Office of Diversity Education and Research 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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Brooklyn, New York 11203

### **SUPPORTING DOCUMENTS DUE**

**BY: MARCH 15<sup>th</sup>**