

SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP

_ast Name	First Name				
≣mail					
Phone (Cell)		Phone (Home)	Phone (Home)		
Date of Birth		Gender			
J.S. Citizen	If No,	, Indicate Current Visa Status			
Residence					
Summer Address					
City		State	Zip		
At Address Until					
Permanent Address					
City		State	Zip		
Education					
Current Undergraduate nstitution					
_ocation		From	То		
Major(s)		Minor(s)			
Current GPA	Out Of	Science GPA	Out Of		
Expected Graduation Date					
Current Year					

Transcript & References

Official transcripts must be sent either electronically or by mail by the institution.

Two letters of reference from science faculty are preferred; however, one letter can be from a professional reference/supervisor. Letters should on official letterhead.

Documentation sent by mail should be addressed to Office G24, 2900 W. Queen Lane, Philadelphia, PA, 19129.

All electronic documentation must be sent to biomedresearch@drexelmed.edu.

Reference Name Email

Reference Name Email

Coursework

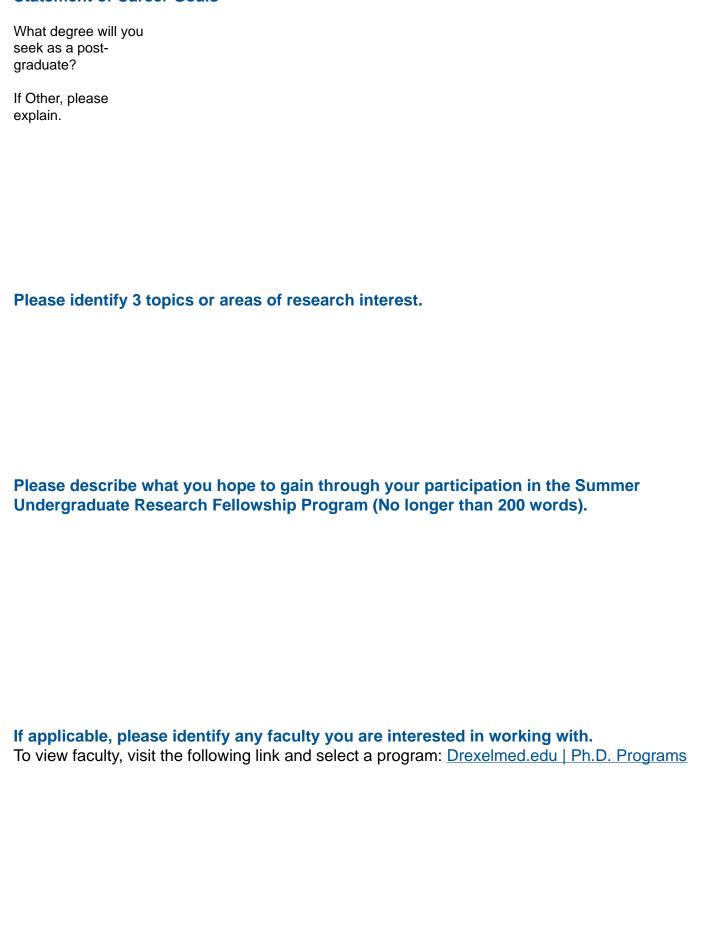
Please list your spring semester courses.

Previous Research Experience

Have you had previous research experience?

If yes, describe topic and length of experience.

Statement of Career Goals



Drexel University College of Medicine, in accordance with local, state, and federal laws, is committed to providing equal educational and employment opportunities for all persons, without regard to race, color, national and ethnic origin, religion, gender, sexual orientation, age, disability or veterans' status. Drexel University College of Medicine complies with all relevant local ordinances and state and federal statutes in the administration of its educational employment policies and is an Affirmative Action Employer.

Fellowship Program.					

Upon completing the application, please save and email to biomedresearch@drexelmed.edu