

► Applicant Information

Name (First, Last): _____ Birthdate: _____

Permanent mailing address: _____

City/State/Zip: _____

Current mailing address (if different): _____

City/State/Zip: _____

At current address through: _____ Phone: _____

E-mail: _____

Citizenship:

U.S. Citizen Permanent U.S. Resident Citizen of Foreign Country

Please note you must be a U.S. citizen, permanent U.S. resident, on an F-1 visa (student visa) through WUSTL, or completing your optional practical training (OPT) on an F-1 visa through another school.

Please note that self-identification is entirely voluntary. This information will not be used in a discriminatory manner.

Ethnicity – Select one:

Hispanic Non-Hispanic

Racial Identification – Select all that apply:

Native Hawaiian or Other Pacific Islander Asian Black or African American
 American Indian or Alaskan Native White Other: _____

Washington University encourages and gives full consideration to all applicants for admission, financial aid, and employment. The University does not discriminate in access to, or treatment or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information. Inquiries about compliance should be addressed to the University's Vice Chancellor for Human Resources, Washington University, Campus Box 1184, One Brookings Drive, St. Louis, MO 63130.

► Education History

Current Academic Status:

<input type="checkbox"/> Undergraduate – Freshman	<input type="checkbox"/> Undergraduate – Sophomore
<input type="checkbox"/> Undergraduate – Junior	<input type="checkbox"/> Undergraduate – Senior
<input type="checkbox"/> Graduate School	<input type="checkbox"/> Postbaccalaureate Premedical Program
<input type="checkbox"/> Medical School – First Year	<input type="checkbox"/> Medical School – Second Year

Undergraduate institution: _____

Major: _____ Minor: _____

Dates enrolled: _____ (Expected) date of graduation: _____ GPA: _____

Current institution (if different): _____

Expected date of graduation: _____ Degree: _____ GPA: _____

► **Research Experience (if applicable):**

Please list previous research experience:

Principal Investigator/Mentor	Institution	Dates

Please list any resulting publications (Title, Journal, Year):

1	
2	
3	
4	

► **References**

References must submit their letter of support to proposalCENTRAL before **January 31st, 2017 (6:00 pm EST/5:00 pm CST)**. You will not be able to submit your application until both letters are received by proposalCENTRAL – **so request early!** Please provide the following information for your two references.

Name: _____ Title: _____

Institution: _____

Name: _____ Title: _____

Institution: _____

► **Personal Statement**

Please answer the following questions in the space allotted (2000 character limit each). Do not alter this form. Do not attach additional pages.

Education: Discuss how the Summer Student Program will enhance your long-term learning objectives.

Skills and Achievements: Describe relevant characteristics, extracurricular activities, and accomplishments that will make you successful in the Summer Student Program and in a research environment.

Previous Research Experience: Describe the focus and outcome of previous research projects. If you do not have prior research experience, please describe your laboratory experiences in your science courses.

Research Interest: List the three main areas of cancer-related research you would like to experience and explain why. Please indicate the type of research you are interested in (e.g. basic laboratory, clinical, population-based) as well as the specific disease site/mechanism. *Siteman Cancer Center will consider – but cannot commit to – student requests to work with specific cancer-focused faculty members.*