



APPLICATION FOR THE UNDERGRADUATE SUMMER RESEARCH PROGRAM

Loyola University Medical Center Department of Microbiology and Immunology

(Please type application)

PERSONAL

Name: _____
Last First Middle

Social Security # ___-__ / __-__ / ____-__

E-mail address: _____

CURRENT ADDRESS

Street: _____ City: _____ State: _____ Zip: _____

Phone (*day*): _____ Phone (*evening*): _____

Will be at this address until: / /

PERMANENT ADDRESS

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____

Citizenship: _____ If not US citizen, type of Visa: _____

EDUCATION

Institution: _____ Location: _____ From: _____ To: _____

Major: _____ Grade Point Average: _____ Out of: _____

Expected Date of Graduation (Month and year): _____

Current year in School (please circle): Freshman Sophomore Junior Senior

REFERENCES

Letters of Reference requested from:

Name: _____ Institution: _____

Name: _____ Institution: _____

Describe how you became interested in learning to perform “hands on” laboratory research (*no longer than 250 words*).

State your career goals and describe how your participation in our Undergraduate Research Program will contribute to the attainment of your career goals. (*No longer than 100 words*).

Briefly describe previous full, part-time or summer positions and research experience (*no longer than 100 words*):

Please visit our web pages:

Program information: <http://www.meddean.luc.edu/lumen/DeptWebs/microbio/summer/summer.htm>

Department information: <http://www.meddean.luc.edu/lumen/DeptWebs/microbio/micro.htm>

Faculty research interests: <http://www.meddean.luc.edu/lumen/DeptWebs/microbio/fac.htm>

When reviewing our web pages or departmental brochure, did you find a particular laboratory that you would be interested in joining for the summer?

_____ Yes, but I'm flexible (please state which laboratory, and why)

_____ No, I'm flexible (please state your research interests)

Lodging will not be provided. What is your plan for housing during the 10-week program?

How did you learn about our program?

Date:

Signature:

**APPLICATION, INCLUDING 2 LETTERS OF RECOMMENDATION AND TRANSCRIPT(S),
MUST BE RECEIVED BY FEBRUARY 15. APPLICANTS WILL BE INFORMED OF THEIR
FINAL STATUS BY THE END OF MARCH.**

For submission of applications or more information: Dr. Dennis Lanning, Dept of Microbiology and Immunology, Loyola University Medical Center, Building 105, Room 3846, 2160 South First Avenue, Maywood, IL 60153. Telephone (708) 216-5687; FAX (708) 216-9574;
Email address: dlannin@lumc.edu.

THANK YOU FOR YOUR INTEREST IN OUR PROGRAM