



**LOYOLA  
MEDICINE**  
*Loyola University Chicago  
Stritch School of Medicine*

## 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: \_\_\_\_\_

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

### 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.stritch.luc.edu/lumen/deptwebs/microbio/summer/summer.php>

Department information: <http://www.meddean.luc.edu/lumen/DeptWebs/microbio/index.php>

Faculty research interests: <http://www.stritch.luc.edu/lumen/deptwebs/microbio/research2.php>

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**