UNIVERSITY OF LOUISVILLE

DEPARTMENT OF PHYSIOLOGY & BIOPHYSICS

SUMMER UNDERGRADUATE RESEARCH PROGRAM IN CARDIOVASCULAR RESEARCH FOR UNDER-REPRESENTED MINORITIES AND DISADVANTAGED STUDENTS

Application Form

Name				Social Security #				
Contact Ad	ldress		Street		City	State	Zip	
Current Te	elephone		A	lternate Telephor	ne			
E-mail Add	lress							
Gender	Eth	nic Orig	in (required)					
School Cur	rently Attendi	ng						
Major				Expected Graduation Date / /				
Grade Point Average: Overall				mm dd yyyy in Major				
Which gene	eralized resear	ch areas	interest you?					
Please rank: 1.				if other please list:				
	2.			if other please lis	st:			
	3.			if other please lis	t:			
What types	s of work or re	search ex	xperience hav	e you had? (limit	of 300 char	acters, 3 li	nes)	
What labor	ratory, technic	al or pro	gramming sk	ills do you have?	(limit of 30	0 character	rs, 3 lines)	
Additional	Requirements	2. A	letter of recon	ranscript (photocomendation sent by e maximum) letter	a professoi	•	nterests you.	
Return to:	Professor and Department of School of Med University of	ng G. Joshua, Ph.D. (IGJOSH01@LOUISVILLE.EDU) Sessor and Chair artment of Physiology & Biophysics bool of Medicine, Health Sciences Center, A-1115 wersity of Louisville South Preston Street						

Application Deadline - MARCH 1

Louisville, KY 40292