

**Application Deadline – MARCH 15<sup>th</sup>**  
**University of Louisville, Department of Physiology**  
**CARDIOVASCULAR SUMMER RESEARCH PROGRAM (CV-SROP) for Undergraduate Students**  
**Funded by the Heat, Blood and Lung Institute of NIH Grant**  
**“Summer Undergraduate Experiences in Biomedical Research”**

***Application***

Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Primary Email: \_\_\_\_\_  
Secondary Email: \_\_\_\_\_

***Identity Information***

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Racial Identity: \_\_\_\_\_  
If more than one Race, Secondary Identity: \_\_\_\_\_  
Pronouns: \_\_\_\_\_

***Academic Information***

Current School: \_\_\_\_\_ Major: \_\_\_\_\_  
Overall GPA: \_\_\_\_\_ (x.xx/4.00) GPA in Major: \_\_\_\_\_ (x.xx/4.00)  
Academic Year: \_\_\_\_\_  
Expected Graduation: \_\_\_\_\_ (mm/yy)

***Research Interest / Information***

What types of work or research experience have you had? (limit of 300 characters)

What laboratory, technical or programming skills do you have? (limit of 300 characters)

**Additional Application Requirements:**

1. A copy of your current transcript (photocopies/electronic are acceptable).
2. At least ONE letter of recommendation sent by a faculty member that knows your work.
3. A short (1-page max) letter on why this program interests you.
4. Must be a U.S. Citizen or Permanent Resident (notarized documentation required).

Return to: Jeff C. Falcone, Ph.D.

jeff.falcone@louisville.edu

Department of Physiology

School of Medicine, Health Science Center, A-1115

University of Louisville

500 South Preston Street

Louisville, KY. 40292

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