UNIVERSITY OF LOUISVILLE
DEPARTMENT OF PHYSIOLOGY

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

Application Form

Name **Social Security #**

Contact Address

Street **City** **State** **Zip**

Current Telephone **Alternate Telephone**

E-mail Address

Gender **Ethnic Origin (required)**

School Currently Attending

Major **Expected Graduation Date** / /
mm dd yyyy

Grade Point Average: Overall **in Major**

Which generalized research areas interest you?

Please rank:
1. choose one Atherosclerosis if other please list:
2. choose one Atherosclerosis if other please list:
3. choose one Atherosclerosis if other please list:

What types of work or research experience have you had? (limit of 300 characters, 3 lines)

What laboratory, technical or programming skills do you have? (limit of 300 characters, 3 lines)

Additional Requirements:
1. A copy of your transcript (photocopies are acceptable).
2. A letter of recommendation sent by a professor.
3. A short (one page maximum) letter on why this program interests you.
4. Must be U.S. Citizen or Permanent Resident

Return to: Irving G. Joshua, Ph.D. (IGJOSH01@LOUISVILLE.EDU)
Professor and Chair
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School of Medicine, Health Sciences Center, A-1115
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Application Deadline - MARCH 1