

APPLICATION
UPR MEDICAL SCIENCES CAMPUS NIGMS-RISE PROGRAM

For student to complete:

1. Name of student _____ Social Security XXX-XX-_____
2. Citizenship: U.S. Citizen U.S. Permanent Resident Other
3. Birth Date _____ Student ID Number _____
4. Place of Birth _____ Science GPA _____
5. Department or Program: _____
6. College or University: _____
7. Major: _____
8. Current Address: _____ Permanent Address _____

9. Telephone _____ Email: _____
10. You are currently classified as a: Graduate 1st 2nd 3rd 4th 5th >5th
(specify) _____
11. Expected graduation date _____ Gender Male Female
12. Ethnic background African American Native American
 Hispanic Disabled Other underrepresented group Which? _____
14. Years of research assistantship funds previously received from "Ayudantia" ?Program
15. How did you hear about the UPR-MSR NIGMS-RISE Program?
16. Did you ever participate in the UPR-MSR RISE Summer Program? Yes No
17. Have you ever participated in a MARC, RISE or other minority research program in another institution? Yes No Where? When? How Long?
17. Attach:
 - a. A personal statement on your career objectives (how they relate to field of interest and how you feel this research experience will help you) and broader impact (outreach activities, underrepresented groups, disabilities & disadvantaged background, financial need)
 - b. Transcript (s) including current semester enrolment (Graduate)
 - c. Proposal (1 page long)
 - d. Updated Curriculum Vitae using template provided at the NIGMS RISE program website
 - e. Evidence of Previous Research Experience (abstracts, publications, etc., organized according to CV submitted).

- f. Evidence of Travel Awards and/or Fellowships applications (organized according to CV submitted)
- g. GRE General and Subject scores, if available.

For Advisor to complete

Please submit a letter of recommendation for each student nominated, PHS 398 Biographical Sketch (form FF), and Other Support (form GG). In addition, submit a table with the past and present students that you have mentored and copies of letters of approval from Institutional Compliance Committees (Biosafety, IRB and/or IACUC) relevant to the student's project.

All these documents need to be submitted at the time of application.

16. Advisor's Address & Extension:

Advisor Signature

Date