

HARRIS-STOWE STATE UNIVERSITY

Undergraduate Research Program Application



HARRIS-STOWE STATE UNIVERSITY

INSTITUTE FOR SCIENCE & MATHEMATICS

Undergraduate Research Program Application

The HSSU Undergraduate Research Program is designed to give Harris-Stowe Biology, Math, Math Education and Science Education majors an opportunity to conduct research in the areas of science and math along with a faculty research mentor. Applicants should be at junior or senior status. Sophomores will only be considered if space permits. Applicants must have a minimum cumulative GPA of 2.5. All undergraduate research activities start in the summer and may conclude in the summer, fall or an entire year. However, participants must attend the summer workshop. **The summer workshop will be held June 3-6, 2013. Only complete applications will be considered and must be submitted by May 23, 2013.**

PARTICIPATION OPTIONS: (select one)

Summer: June 10, 2013 - August 15, 2013

Fall: September 9, 2013 - May 15, 2014

PERSONAL INFORMATION

Date _____

LAST NAME		FIRST NAME		M.I.
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		ETHNICITY <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> LATINO (A) <input type="checkbox"/> OTHER		
DATE OF BIRTH ____/____/____		PLACE OF BIRTH CITY _____ STATE _____		
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
LOCAL ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE	ZIP CODE
HOME TELEPHONE ()		CELL PHONE ()		
E-MAIL ADDRESS*		STUDENT ID#		

***SUCCESSFUL APPLICANTS WILL BE NOTIFIED VIA E-MAIL, SO DOUBLE CHECK THE SPELLING OF YOUR E-MAIL ADDRESS.**

ACADEMIC INFORMATION

YEAR AT HARRIS-STOWE STATE UNIVERSITY (FRESHMEN ARE NOT ELIGIBLE; SOPHOMORES WILL BE CONSIDERED IF SPACE PERMITS) <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	
MAJOR	MINOR
ANTICIPATED GRADUATION DATE ____/____/____	GPA

RESEARCH LOGISTICS

Please share your research interest:
A mentor will be assigned depending on research interest and area of research.

ESSAY

Using the space provided, please explain why you want to participate in the Undergraduate Research Program and why you are qualified to do so. Your essay should be a minimum of 300 words and no more than 500 words. If more space is needed, please attach additional pages.

AUTHORIZATION

I certify that the information contained in this application are true and complete to the best of my knowledge.

STUDENT ID NUMBER	
PRINT NAME	
SIGNATURE	DATE ____/____/____

Submit completed applications to:

Dr. Lateef Adelani
Dean, College of Arts & Sciences
Harris-Stowe State University
3026 Laclede Avenue, Room 317
St. Louis, MO 63103
Phone: (314) 340-3349
Fax: (314) 340-3699
E-mail: Adelanil@hssu.edu
University Web address: www.hssu.edu

REFERENCE

Please select a Harris-Stowe State University faculty member for a reference and have him or her fill out and submit the following:

YOUR INFORMATION

LAST NAME	FIRST NAME	OCCUPATION TITLE
RELATIONSHIP TO STUDENT		HOW LONG HAVE YOU KNOWN THE APPLICANT?
WORK TELEPHONE ()	CELL PHONE ()	
E-MAIL ADDRESS		

NAME OF STUDENT

LAST NAME	FIRST NAME
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RECOMMENDATION

Please explain why you are recommending the above-named student and why this person would be a good asset to the Harris-Stowe State University Undergraduate Research Program. If more space is needed, please attach additional pages.

This page must be mailed, faxed or e-mailed to:

Dr. Lateef Adelani
Dean, College of Arts & Sciences
Harris-Stowe State University
3026 Laclede Avenue, Room 317
St. Louis, MO 63103
Phone: (314) 340-3349
Fax: (314) 340-3699
E-mail: Adelanil@hssu.edu
University Web address: www.hssu.edu