

HARRIS-STOWE STATE UNIVERSITY

Undergraduate Research Program Application



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. Students at all levels are welcome to apply. Applicants must have a minimum cumulative GPA of 2.5. Undergraduate research activities usually start in the summer and may conclude in the summer, fall or spring. However, participants are required to attend the summer workshop. The summer workshop will be held June 6-9, 2016. Only complete applications will be considered and must be submitted by May 13, 2016.

PARTICIPATION OPTIONS (select one)

Summer: June 13-August 4, 2016 Fall: September 5-December 7, 2016 Spring: January 9-April 28, 2017

PERSONAL INFORMATION

Date _____

LAST NAME		FIRST NAME			M.I.		
GENDER FEMALE MALE		ETHNICITY AMERICAN INDIAN BLACK CAUCASIAN LATINO (A) 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 FRESHMAN SOPHOMORE JUNIOR SENIOR			
MAJOR		MINOR	
ANTICIPATED GRADUATION DATE (Month / Year) ____/____		GPA	

RESEARCH LOGISTICS

Please share your research interest: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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) 340-3662
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) 340-3662
Fax: (314) 340-3699
E-mail: Adelanil@hssu.edu
University Web address: www.hssu.edu