

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 May 10-12, 2017. Only complete applications will be considered and must be submitted by May 5, 2017.

PARTICIPATION OPTIONS (select)

Summer: May 15-August 4, 2017

Fall: August 28-December 1, 2017

Spring: January 8-May 4, 2018

PERSONAL INFORMATION

Date _____

LAST NAME		FIRST NAME		M.I.
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER		ETHNICITY <input type="checkbox"/> AMERINDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> LATINO (A) <input type="checkbox"/> OTHER		
DATE OF BIRTH (M-D-YEAR) ____/____/____		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 (as of Sept. 2016) <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	
MAJOR	MINOR
ANTICIPATED GRADUATION DATE (Month / Year) ____/____	GPA

RESEARCH LOGISTICS

Please share your research interests:

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 150 words and no more than 300 words. If more space is needed, please attach additional pages.

AUTHORIZATION

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

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

*** > Submit completed applications to:**
Dr. John MacDougal
Harris-Stowe State University, Room 317 or Room 208
3026 Laclede Avenue, St. Louis, MO 63103
Phone: (314) 340-3318 / Fax: (314) 340-3699
E-mail: MacdougJ@hssu.edu

REFERENCE

Please select a Harris-Stowe State University faculty member for a reference and have him or her fill out a copy of the following, and submit the page privately to The Institute for Science and Mathematics at HSSU, c/o Dr. John MacDougal, room 317 or room 208:

FACULTY REFEREE 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, along with any other comments. If more space is needed, please attach additional pages.

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

Dr. John MacDougal

Harris-Stowe State University, Room 317 or Room 208

3026 Laclede Avenue, St. Louis, MO 63103

Phone: (314) 340-3318 / Fax: (314) 340-3699

E-mail: MacdougJ@hssu.edu