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***James Graham Brown Cancer Center  
Summer Research Internship Program Application 2012***

Applicant Name \_\_\_\_\_

Home Address (street) \_\_\_\_\_

Home Address (city, zip code) \_\_\_\_\_

Email address \_\_\_\_\_

Home or Cell phone number \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home or Cell phone number \_\_\_\_\_

Name of university you attend \_\_\_\_\_

Current Year (freshman, etc.) \_\_\_\_\_

Name of Primary Science Professor \_\_\_\_\_

Email address \_\_\_\_\_

Science courses you have taken (and in what academic year): \_\_\_\_\_

Have you worked in a research laboratory previously? \_\_\_\_\_

If so, where, with whom and on what topic \_\_\_\_\_

Are you interested in:  practicing medicine,  performing biomedical research,  both medicine and research,  other career path, or  undecided

Will you be able to commit at least 20 hours per week to the program for the entire 8 weeks? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Approximately how many hours will you spend per week?  20  30  40  other (please explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

