

APPLICATION FOR THE CNUCOP SUMMER RESEARCH FELLOWSHIP PROGRAM (2022)

Please submit the personal information requested below and also answer the 4 questions found on page 2. MAXIMUM OF 4 PAGES (including this page); Arial font size 11, single spacing, 1 inch margins. APPLICANTS SHOULD SUBMIT THIS COMPLETED FORM AS A WORD DOCUMENT. The following items must also be submitted;

- Unofficial CNUCOP transcript (*submitted by student applicant, pdf file ok*)
- Signature page (requires your signature as well as the signature of your proposed faculty mentor(s))(*submitted by student applicant, pdf file ok*)
- Reference letter (from someone other than your proposed faculty mentor(s))(*submitted directly from the person writing the reference letter to Dr. Vinall, pdf file ok*)

**ALL FORMS/REQUIRED DOCUMENTATION MUST BE SUBMITTED TO DR. VINALL
BEFORE 5 PM ON JANUARY 17TH (rvinall@cnsu.edu)**

Applicant name: _____

E-Mail address: _____

Mailing Address: _____

City/State: _____

Phone: _____

PharmD Class (P1 or P2): _____

Proposed faculty mentor #1: _____

Provide a brief explanation (200-word max) of why you want to work with this professor:

Proposed faculty mentor #2 (not required): _____

Provide a brief explanation (200-word max) of why you want to work with this professor:

Personal Statement - Please answer the following 4 questions:

1. Why is this research fellowship program attractive to you? Would it affect your choice of a career after receiving your PharmD degree?

ANSWER:

2. Provide any general evidence you can that shows your interest in research/scholarship. If you had previous research experience, indicate the professor or person with whom you worked and their institutional affiliation.

ANSWER:

3. Describe your previous research experience (if applicable), including any presentations or publications.

ANSWER:

4. Describe your educational background (past and current University/College attendance). Comment on your academic progress at CNUCOP.

ANSWER: