



**APPLICATION FOR A CNUCOP SUMMER RESEARCH
FELLOWSHIP PROGRAM**

Deadline: March 21, 2017

Please submit the information requested below (pages 1 to 3) and required reference letter only. If you need more space, use no more than one page (i.e., provided as page 4) when submitting the application.

Name: _____

E-Mail: _____

Mailing Address: _____

City/State: _____

Phone: _____

PharmD Class (P1 or P2): _____

Faculty Advisor: _____

Personal Statement. Please answer the following questions:

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



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.

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

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



Letter of Reference: One letter of reference is required. Please obtain this letter from someone qualified to assess your qualifications for this summer fellowship program and have the letter submitted confidentially to Dr. Leo Fitzpatrick (Assistant Dean of Research). The email address is: lfitzpatrick@cnsu.edu.

Interest Areas. If you were to be selected for this program, under which professor's guidance would you wish to work? Explain your choice and answer.

Have you discussed your interest and the possibility of summer work with the professor?

Yes _____ No _____

Student Agreement. I certify that the above statements are true. I further state that if I am selected for this program; I agree and to provide a brief written progress report (≥ 2 pages) of my research work prior to the third week of the fall 2016 semester.

Student Name _____ Date _____

