

Application for 2007 Summer Research in Biology and Related Fields
Harvey Mudd College
Sponsored by grants from the Howard Hughes Medical Institute

Name: _____

Preferred email: _____ Current class: Fr So Jr Sr

Major: _____ Expected date of graduation _____

Campus mailing address: _____

Home mailing address: _____

Campus phone #: _____ Home phone #: _____

Citizenship (required by payroll): _____

Social Security Number (required by payroll): _____

Briefly describe your academic interests and your career goals, and why you feel you would benefit from this program.

Provide the names of HMC laboratory instructors and/or previous research advisers whom we could contact as references.

Please provide information about the summer programs to which you have applied:

Program Date you expect to hear from them Your preference rank-ordered

1. this program March 9

After referring to the Biology website (<http://www.biology.hmc.edu/research/summerprojects.html>), indicate the research project(s) in which you would like to participate. If you apply for more than one project, please rank-order your choices. For each project, please make an appointment with the faculty mentor in order to discuss the project. After meeting with you, the professor should sign the form. Her/his signature indicates that you have discussed the project and is not an endorsement of your application. The application is not complete until it is signed by the proposed faculty mentor(s).

Project (rank-order, 1 is top choice)

Faculty mentor signature

1. _____

2. _____

3. _____

4. _____

The Biology HHMI summer research program is intended to be a 10-week full-time (40 hrs/week) research experience. Thus, students should not plan to also enroll in summer courses. The HHMI program will sponsor several seminars and other events, which all HHMI students are expected to attend. At the end of the summer, all HHMI awardees will provide a short written summary of their findings. These reports will be compiled and serve as a record of our 2007 program.

If I am awarded an HHMI fellowship, I agree to conditions indicated above.

Applicant's signature _____

Return form to Molly Stoykovich, Olin 2345, by February 28, 2007.