

Please type or print clearly *All information requested is required

CONTACT INFORMATION	
Name:	
Campus Address:	
City, State, Zip Code:	
Local/Mobile Phone:	() -
Email Address:	
Parent(s)/Guardian(s) Name:	
Permanent Address:	
City, State, Zip Code:	
Emergency contact person (Name):	
Phone number/ Relationship to you:	() -
How did you hear about the Summer Research Program?	
ADDITIONAL INFORMATION	
Person Number/Social Security #:	- / - -
Date of Birth:	
Gender:	
Ethnicity:	
United States Citizen:	Yes No
Permanent Resident: ____ (Yes/No)	Alien Registration number: -
Household Source of Income:	
Total Family Income:	
Number in Household:	
ACADEMIC INFORMATION	
Class Level:	
Major and GPA:	
Highest degree you plan to pursue: Master's/Doctorate/Professional	
Anticipated Graduation Date:	
List Math/Science/Research Courses that you have taken and the grades received:	
Area of research you are interested in:	
Have you identified a faculty mentor? If so, please provide their name and contact information:	
Please list other programs that you have participated in or currently participate in:	
List extracurricular or community activities:	



**COLLEGIATE SCIENCE & TECHNOLOGY ENTRY PROGRAM (CSTEP)
SUMMER RESEARCH PROGRAM (SRP) APPLICATION**
Applications are due on or before Tuesday, MARCH 17, 2015

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EMPLOYMENT/RESEARCH EXPERIENCE	
Employer/Supervisor or Research Mentor:	Position/Date(s):
Employer/Supervisor or Research Mentor:	Position/Date(s):
Employer/Supervisor or Research Mentor:	Position/Date(s):

PERSONAL STATEMENT (attach the following)

1-2 pages describing your interest in STEM or the allied health professions, research, and the Summer Research Program. Include your prior research experiences, academic plans, as well as your short and long term professional goals. Lastly, how can the CSTEP SRP contribute to your goals and professional aspirations, and what do you hope to gain and accomplish, if selected?

PLEASE ATTACH A PHOTOCOPY OF YOUR STUDENT ID

List 2 references (at least one faculty member) and provide a letter of recommendation from each:

1. Name: _____ Title: _____

Address: _____

Telephone Number: _____ Relationship to Applicant: _____

2. Name: _____ Title: _____

Address: _____

Telephone Number: _____ Relationship to Applicant: _____

To complete the application process, you are required to submit the following documentation:

- ☐ Official transcript(s) (copies are not accepted)
- ☐ Two Letters of Recommendation
(At least **one** from a faculty member on letterhead)
- ☐ 1-2 page Personal Statement

Mail completed application to:

Shanna Crump-Owens
CSTEP Director
University at Buffalo
222 Norton Hall
Buffalo, NY 14260
Email: sicrump@buffalo.edu
(716) 645-2234

STATEMENT OF UNDERSTANDING

The CSTEP Summer Research Program is designed to benefit talented students who are in serious pursuit of advanced degrees in STEM and the allied health professions, where there is a critical shortage of underrepresented students. I certify that the information in my application is accurate and complete. If selected, I understand that this is a full-time commitment and I agree to participate in ALL aspects of the summer research program. Failure to do so will result in additional requirements in order to receive stipend(s).

Applicant's Signature _____

Date _____





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RECOMMENDATION FORM

TO BE ENCLOSED WITH LETTER OF RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Name: _____

Email: _____ Phone: () - _____

Under the Family Education Rights and Privacy Act, a student participating in the CSTEP Summer Research Program has access to his/her program file. CSTEP wishes to comply with this law, while still allowing the student to waive the right to access. If you wish to waive the right to examine this recommendation later, please sign here:

Applicant's signature: _____ Date: _____

TO BE COMPLETED BY RECOMMENDER

An application for admission to the CSTEP Summer Research Program requires recommendations from two individuals who are capable of judging the professional and academic promise of the applicant. Return this recommendation form with a letter of reference in a sealed envelope, with your signature written across the seal, by **Wednesday, March 19, 2014**. The recommendation should be returned to the following:

Shanna Crump-Owens
CSTEP Director
University at Buffalo
222 Norton Hall
Buffalo, NY 14260
Email: sicrump@buffalo.edu
(716) 645-2234

Recommender's Name: _____ Title: _____

Address: _____

Telephone: () - _____ Email: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

How does this applicant compare with her or his peer group in academic ability?

Exceptional ☐
(Among the very
best you have known)

Above Avg. ☐
(Top 25%)

Avg. ☐
(High ability)

Below Avg. ☐
(Lower 50%)

The CSTEP program would appreciate a candid statement from you concerning the applicant named above. **Please comment in detail** concerning the applicant's accomplishments, abilities, character, and capacity for success as a student in the summer research program.

Signature _____

Date _____





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