

2020 Summer Research Internship in Medical Sciences

1. Name: Click here to enter text.
2. Permanent Address: Click here to enter text.
3. Phone Number: Click here to enter text.
4. Email Address: Click here to enter text.
5. Current college/university: Click here to enter text.
6. Grade Level Fall, 2020: Click here to enter text.
7. Anticipated Graduation Date (mm/yy): Click here to enter text.
8. Have you been **pre-admitted** to a school of medicine? Yes ☐ No ☐
9. Gender: Male ☐ Female ☐
10. Citizenship: US Citizen ☐ Other ☐
11. Missouri resident: Yes ☐ No ☐
12. Race/Ethnicity: Click here to enter text.
13. Cumulative GPA: Click here to enter text. on a Click here to enter text. scale
14. Please summarize your personal and family background: Click here to enter text.
15. Please describe your volunteer/service activities: Click here to enter text.
16. Please provide a brief summary of future education plans: Click here to enter text.
17. Please describe your life plans and the motivation for your plans: Click here to enter text.

Please include the following documents with your application:

- (1) Personal statement
- (2) Resume or CV (NOT post-secondary experiences form)
- (3) **Unofficial** transcripts from each college/university attended
- (4) At least one letter of recommendation from a science faculty member (someone who has taught you or with whom you have worked). Two letters of recommendation are preferred.

Application materials may be sent via USPS, or sent electronically to:

Debbie Taylor
taylor@health.missouri.edu
School of Medicine, Office of the Dean
One Hospital Drive, DC018.00
Columbia MO 65212

****All application materials must be RECEIVED by close of business on Friday, February 14, 2020. ****