THE CITY COLLEGE



THE CITY UNIVERSITY OF NEW YORK

NEW YORK, N. Y. 10031

**NSF REU: Diversity Through Gene Regulation, Mutations, and Modifications**

**Application for Summer 2019**

**\***Required

**BACKGROUND**

1. Name (Last name, First name) **\***

2. Email**\***

3. Phone number**\***

4. Home address**\***

Street address, Apt. No., City, State, Zip code

5. College/University**\***

6. School year completed by June 2019**\***: Circle one: freshman sophomore junior senior

7. Number of completed credits**\***

8. Overall GPA**\***

9. (optional) Gender: Please circle one: Male Female OR Prefer to self-describe \_\_\_\_\_\_\_\_\_

10. (optional) Ethnicity: Please circle one

White

African American

Hispanic/Latino

Asian-American (not Pacific Islander)

Pacific Islander

American Indian

Mixed race (please indicate which races) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. (optional) Have you ever received any Pell funding? Circle one: Yes No

12. (optional) Have you ever received any TAP funding? Circle one: Yes No

**RESEARCH**

13. Research Area of Interest**\***

14. Please list three possible research mentors (in order of preference)**\***

14A. Mentor #1

14B. Mentor #2

14C. Mentor #3

**ESSAY**

15. Description of goals for participation in the program, previous research experience, and career goals (250 words maximum)**\***

16. If you are currently performing research with any faculty member in the Biology Department at CCNY, please provide a brief description of your research (150 word maximum).

Recommenders

You need 2 letters of recommendation in total. If you already have a pre-selected mentor, you only need one additional recommender. If you do not already have a mentor, please provide the names of two recommenders here. You are responsible for ensuring that the recommenders submit their recommendation by the deadline.

17. Recommender #1 Name**\***

Last name, First name

18. Recommender #1 Email**\***

19. Recommender #2 Name**\***

Last name, First name

20. Recommender #2 Email**\***

21. Do you waive access to the contents of your recommendation letters?**\***

*Circle only one:*

Yes

No