

CASE

Application for 2009 Summer Program in Undergraduate Research (SPUR).

This Program is Funded by a Grant from the Howard Hughes Medical Institute

Program Dates: May 27, 2009 through July 31, 2009

Name:		Soc. Sec. No:	
Present Address:	(Street) (City) (State) (Zip)		
Permanent Address:	(Street) (City) (State) (Zip)		
Campus/Present Telephone:	()		
Permanent Telephone:	()	e-mail (only if used)	

Will University Housing be required? Yes No

Date of Birth: _____ Sex: Male Female

(Howard Hughes fellowships are available to U.S. citizens and permanent residents only) U.S. Citizen: Yes No

Case Western Reserve University seeks to draw students from diverse backgrounds. The information requested below will be used to evaluate the effectiveness of our efforts to recruit and select a diverse student body. This information is **CONFIDENTIAL** and **COMPLETELY VOLUNTARY**. Answering the question or omitting an answer will not influence the University's decision on admission.

Please indicate the group(s) in which you would include yourself.

- | | | |
|---|---|--|
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Native Alaskan | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: please specify _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | |

Name and address of college in which you are currently enrolled: _____

Current GPA: _____

Current Academic Status (Check One): SO JR Date degree is expected: _____

Your major concentration: _____

Your career objective: _____

Please check the area(s) that are of most interest to you. **Please limit your choices to 3 or 4** since this will help us to direct your application to the appropriate investigators. It would also be helpful if you rank your choices, (1st., 2nd, 3rd. etc.). You may also **indicate faculty that you would like to consider your application.**

Department	Faculty Choice(s) – List Name(s) & Order of Preference
Anatomy	
Anthropology	
Anesthesiology	
Biochemistry	
Biology	
Biomedical Engineering	
Cell Biology	
Chemistry	
Communication Sciences	
Environmental Health Sciences	
Genetics	
Medical Anthropology	
Molecular Biology & Microbiology	
Molecular Virology	
Nutrition	
Neurosciences	
Pathology	
Pharmacology	
Physiology & Biophysics	
Psychology	
Psychiatry	
Sociology	
Cleveland Museum of Natural History	
Other	

We require two (2) letters of recommendation. These could be from professors, an academic advisor, a research advisor, or a work supervisor. Please arrange to have the letters sent to the address below, by the application due date.

1. Name: _____ Title: _____

Relationship to applicant: _____

Address: _____

2. Name: _____ Title: _____

Relationship to applicant: _____

Address: _____

Please arrange to have an official transcript forwarded to this office.

This application, an official transcript, and your letters of recommendation should be sent to:

Julia Brown-Allen
Biology Department
Case Western Reserve University
Cleveland, OH 44106-7080
(216) 368-3556
E-mail: jab12@case.edu

The application, an official transcript, and your letters of recommendation must be postmarked by **February 1, 2009**.

Please read the following statement before signing.

I understand that I will be required to participate in the final poster session.

Signature: _____ Date: _____