

**University of Alabama at Birmingham  
Summer in Biomedical Science (SIBS) Undergraduate Research Program  
Application Form**

(Place Photo Here)

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

School Yr. as of March 2009: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior

Expected Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Prior Research Experience: \_\_\_\_\_ Yes \_\_\_\_\_ No Current GPA: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Permanent Telephone Number: \_\_\_\_\_

How did you hear about SIBS? \_\_\_\_\_

Are you a U.S. citizen or do you have a visa that allows you to have a permit to work for 40 hours a week? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth \_\_\_\_\_

**Optional Information**

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnic Status:

\_\_\_\_\_ African American

\_\_\_\_\_ Native American/Alaskan

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Other, specify: \_\_\_\_\_

**The following information and materials must be received before your application can be reviewed. SUBMISSION DEADLINE: March 12, 2010**

**(1) Statement of Academic Interests and Career Goals.**

This statement should be typed, double-spaced, and no longer than 2 pages. In your statement, please describe your previous research experience (if any), scientific areas of interest, hobbies, and your plans regarding post-baccalaureate training.

**(2) Transcript from your undergraduate institution.**

**(3) Two Letters of Recommendation.**

Please request letters from two faculty members (usually at your home institution) who best know your academic work and list these individuals below.

Recommendation letters should be mailed to Robin Lorenz at the address shown below.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Department: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**(4) Resume**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please mail completed application to:**

Robin Lorenz, M.D., Ph.D.  
SIBS Undergraduate Research Program  
1825 University Blvd.  
SHEL 602  
Birmingham, AL 35294-2182

Contact for any questions:  
Telephone: (205) 934-0676  
E mail: [rlorenz@uab.edu](mailto:rlorenz@uab.edu)