



University at Albany Summer Research Program 2024 Application





The University at Albany Summer Research Program (UASRP) is an 8-week program, where students are placed under the direction and guidance of faculty members and researchers from various institutions and agencies.

UASRP will be held June 2nd-July 26th, 2024.



University at Albany Summer Research Program (UASRP)

Eligibility Requirements

Applicants:

- Must be U.S. Citizen or Permanent Resident
- Must be a rising sophomore, junior or senior as of July 2024
- Must have a 2.7 GPA or higher
- Should have a genuine interest in research and learning leading towards a Ph.D.
- We do follow NSF selection criteria. Students must belong to one of the following groups: African American, Latino, Native American, Alaskan Native, Hawaiian Native, Native Pacific Islander (Polynesian or Micronesian), or be economically disadvantaged.
- Must submit complete application by deadline of February 12, 2024 (see pages 2 to 5)







HOME INSTITUTION OF PREVIOUS SCHOLARS

American University Claflin University Cornell University **CUNY** Dillard University Florida A & M Fordham University Lincoln University Long Island University Howard University Keane University Manhattanville College Mercy College Michigan State Norfolk State College Onondaga Community College St. Lawrence University St. Rose College Siena College SUNY Genesee SUNY-College of Environmental Science and Forestry SUNY-New Paltz **SUNY-Old Westbury** SUNY-Plattsburgh SUNY-Potsdam SUNY-Purchase SUNY-Stony **Brook Syracuse** University of Bridgeport Union College University at Albany Westchester Community

College

University at Albany
SUMMER
RESEARCH
PROGRAM



Application Form

Contact Information:
Ms. Mayra E. Santiago
Director
University at Albany Summer
Research Program -UASRP
1400 Washington Ave LI-94V
Albany, NY 12222
Email: oaae@albany.edu

Application Deadline: February 12, 2024

Please type or print clearly * All information requested is required

CONTACT INFORMATION							
Name:							
Campus Address:							
Home Address:							
City, State, Zip Code:							
Local/Mobile Phone:		()			_	
Home Phone:		()			_	
Email Address:							
ADDITIONAL INFORMATION							
Date of Birth:							
Sex:							
Ethnicity:							
United States citizen:		Yes	T I		No	Г	
			 				
If you are not a United States citizen, are you a Permanent Resident of the US?		Yes			No		
you at etimalient Resident of the OS:							
ACADEMIC INFORMATION							
Do you currently attend UAlbany?							
If not, state the name of your institution.							
What will be your academic status as of							
7/23: (soph., jr.)							
Major:							
Minor:							
Cumulative GPA:							
Do you intend to pursue a MD or PhD?	Yes		No	Uı	ndecided		
If yes, in what field?		-	<u> </u>	<u>-</u>			

All application materials should be emailed to oaae@albany.edu Please include the following with your application:

- A personal statement:
 - This should be at least two pages double-spaced, Times New Roman, 12-point font, with one-inch margins
 - Describe the following:
 - a) Any prior research experience.
 - b) Your academic/career goals and your plans to reach them.
 - c) The top three (3) areas of research you are interested in.
 - d) If you have performed less than satisfactorily in any of your classes, please explain the circumstances.
 - e) If there is anything else you wish to have the selection committee

consider, please comment.
I have included the following:
Official transcript* (copies are not accepted)
Science Faculty /Major Faculty Evaluation Form # 1
Science Faculty/ Major Faculty Evaluation Form # 2
Personal Statement
Résumé
(Your application will not be complete until all items listed above are received.) *University at Albany students are not required to submit official transcripts, unless they attended another institution*
The University at Albany Summer Research Program is designed to benefit qualified individuals who are in serious pursuit of advanced degrees in the areas of Science, Technology, Engineering and Math.
I understand that if selected, I will be asked to present my research at the Buffalo McNair Conference in Niagara, NY. I am also expected to present my research at selected conferences during the school year. By signing below, I agree to participate in all aspects of the program.
Applicant's Signature Date / /

UNIVERSITY AT ALBANY SUMMER RESEARCH PROGRAM



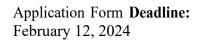
Application Form **Deadline:** February 12, 2024

FACULTY EVALUATION FORM

TO BE COMPLETED BY A	APPLICANT	
Name		
First	Middle	Last
Email	Phone	
Albany Summer Research wishes to comply with this	Program (UASRP) has access	tudent participating in the University at to his or her program file. The UASRP tudent to waive the right to access. If you blease sign here:
Applicant's signature:	THE STATE OF THE S	
TO BE COMPLETED BY	EVALUATOR	Date
	ion to UASRP requires evaluati ofessional and academic promis	ions from two faculty members who are se of the applicant.
	neet the following deadline: Ja	your signature written across the seal, in anuary 31 ^{st,} 2023. The evaluation should
(Please print or type)	Ms. Mayra E. Santiago Director University at Albany -U 1400 Washington Ave I Albany, NY 12222 Email: oaae@albany.edu	LI-94V
Evaluator's Name:		Title:
Address:		
(College/University and Street Addr	ess)	
Telephone:		Email:
In what capacity do you k	now the applicant?	
How long have you know	**	
How does this applicant co	ompare with her or his peer grouputstanding Above avg. Top 25%	up in academic ability? Avg. Below avg. Unable to High ability Lower 50% Eval.
Signature		Date / /
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Note: If you would like to attach a letter of recommendation along with your evaluation, please feel free to do so.

UNIVERSITY AT ALBANY SUMMER RESEARCH PROGRAM





UNIVERSITY AT ALBANY STATE UNIVERSITY OF NEW YORK

FACULTY EVALUATION FORM

TO BE COMPLETED BY APPLIC	ANT	
Name		
First	Middle	Last
Email	Phone	
	ram (UASRP) has access to his owhile still allowing the student t	or her program file. The UASRP o waive the right to access. If you
Applicant's signature: TO BE COMPLETED BY EVALUATION OF THE TRANSPORT OF T	HATOD	Data
TO BE COMILETED BY EVALO	JATOR	Date
An application for admission to capable of judging the profession		
	ne following deadline: January	gnature written across the seal, in 31st, 2023. The evaluation should
(Please print or type)	Ms. Mayra E. Santiago Director University at Albany -UASRP 1400 Washington Ave LI-94V Albany, NY 12222 Email: oaae@albany.edu	
Evaluator's Name:	Title:	
Address:		
(College/University and Street Address)		
Telephone:		Email:
In what capacity do you know th	ne applicant?	
How long have you known the a		
How does this applicant compare Exceptional Outstand Among the very Comparab best you have known current stude	e with her or his peer group in acding Above avg. Avg. High abi	Below avg. Unable to
Signature	Date	/ /
Signature	Date	Page 5 of 5

Note: If you would like to attach a letter of recommendation along with your evaluation, please feel free to do so.