



Application for Undergraduate Student Participation in Research at the Burke Medical Research Institute

Personal Information

Name

Street Address

City

State

Zip Code

E-mail

Phone Number

Date of Birth

Education

Undergraduate Institution

Street Address

City

State

Zip Code

Major

GPA

Expected Graduation Date

High School

Street Address

State

Zip Code

City

Graduation Date

GPA

Briefly describe your career goals following graduation:

Research Background

Do you have any laboratory research experience outside of organized classroom laboratory courses?

Yes No

If yes, please provide the lab/PI name, institution, duration of experience and a brief description of the research and your role.

Do you have any experience with statistics or biostatistics?

Yes No

If yes, please indicate your type of experience

Research Interests

Why are you seeking a research experience at the Burke Medical Research Institute? Please be sure to indicate if this experience is for a class or credit.

What is the duration of the research experience you are seeking?

What type of research experience are you requesting? For example, are you looking for molecular biological, behavioral, or patient-clinical oriented research?

Please list the top three faculty research programs in which you are interested:

- 1.
- 2.
- 3.

How do you envision this research experience advancing your career goals?

Is there anything else you would like us to know about yourself?

How did you hear about research opportunities for undergraduate students at Burke?