

**ROBERT H. LURIE COMPREHENSIVE CANCER CENTER  
NORTHWESTERN UNIVERSITY  
CURE PROGRAM 2010**

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

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

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

Cell Phone # \_\_\_\_\_ Permanent Telephone # \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Undergraduate Institution or High School: \_\_\_\_\_

Major (if applicable): \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT or SAT: \_\_\_\_\_

Are you a:  
U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check the appropriate line:  
\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other  
(specify)

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female

Current Standing: (circle one) HS: SENIOR  
COLLEGE: FRESHMAN SOPHOMORE JUNIOR

Future Goal: (circle one): Medical School Graduate School Unknown

Name of faculty person submitting

Your letter of recommendation: \_\_\_\_\_

Title/Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Materials:**

1. Statement of research interests and career goals
2. School Transcript
3. Letter of Recommendation

**Send to: [rleikin@northwestern.edu](mailto:rleikin@northwestern.edu)**

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Northwestern University  
Olson 8350  
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Chicago, Illinois 60611

**DEADLINE FOR APPLICATIONS: MARCH 1, 2010**