

## Medical Scientist Training Program

## - Pre MSTP Summer Program

1.	Full Name:						
	last/family name	e	first		middle	other names	
2.	Permanent Address (valid until _		3. Current Mailir	ng Address (valid un	til)		
	treet, apt#			street, apt#			
	city, state, mail/zip code	ity, state, mail/zip code		city, state, mail/zip code			
	Country			country			
	daytime telephone: area code/number			daytime telephone: area code/number			
	electronic mail address			electronic mail address			
4.	Citizenship: U.S. Citizen			5. Birthdatemonth/day/year			
	U.S. Permanent Resident; P	erm Res A#					
	If U.S. Perm. Res. name your cou			6. Current Acad	emic Level:		
	I come from an educational, cultural or geographic background that is underrepresented in the sciences  I have experienced financial hardship as a result of family economic circumstances  I have a physical or mental disability that substantially limits one or more major life activities						
8.	Education: List all college/univer	rsities you have attended or cu Major Field	rrently attend. Degree/Diploma	Dates Attended from – to	Date Deg. Rec'd or Expected	Grade Point Average	
			2		-		
9.		<ul><li>10. Race/Ethnicity (op</li><li>1) African Am</li></ul>			4)	Caucasian	
	Male <sup>2</sup>	Amean Am	encan		·/	_ Oducasian	
	Female <sup>2</sup>	2) Alaskan, H	awaiian or Native of the U	.S. Pacific Islands	5)	_ Hispanic American	
	. 53.5	3)Asian			6)	_Native American	

<sup>&</sup>lt;sup>1</sup> Individuals with disabilities are defined as those with physical or mental impairment that substantially limits one or more major life activities. If an offer of admission is made under this criterion, the student will be requested to confirm that he/she meets this eligibility criterion.

<sup>&</sup>lt;sup>2</sup> This information is requested for statistical purposes only and will not be considered in determining an applicant's eligibility for the program.

Please submit unofficial college transcript(s) for each degree you are working towards or have earned. For courses you will take this academic year that are not included on your transcript, please list them (include course, term, year)
Statement of Purpose: Please provide a brief description of your career objectives and why you would like to attend the Pre-MSTP Summer Program (100 word maximum)
Please provide a brief description of your past/present research experiences. (500 word maximum)

Do you have a particular clinical interest, e.g., Internal Medicine, Surgery, Pediatrics, Ob/Gyn, Psychiatry, Neurology, Not sure?
In what areas of research are you interested?
If you come from an educational, cultural or geographic background that is underrepresented in the sciences please explain or describe.
If you have experienced financial hardship as a result of family economic circumstances please explain or describe.

Two letters of recommendation are required. These should be sent <u>directly</u> to the address below. Please give the names of 2 faculty members who will write your recommendations.

NAME	TITLE	INSTITUTION	EMAIL

You may include an optional third letter from an organization where you did volunteer work. Please give the name of the third recommender below (if you have one).

NAME	TITLE	INSTITUTION	EMAIL

Application, transcripts and two letters of recommendation (signed and submitted directly from your recommenders) can be faxed, mailed or emailed to:

University of Michigan Medical Scientist Training Program 1150 West Medical Center Drive 2965 Taubman Medical Library Ann Arbor, MI 48109-5619

Phone: 734-764-6176 Fax: 734-764-8180 Email: mstp@umich.edu

APPLICANTS SELECTED AS FINALISTS FOR THE PRE-MSTP PROGRAM WILL BE CALLED TO PARTICIPATE IN A PHONE INTERVIEW.

DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS IS FEBRUARY 12, 2011