

# University of Florida Microbiology and Cell Science

## National Science Foundation Research Experience for Undergraduates Application Form

### Summer 2009

Please Type or Print Clearly

1. Name:

\_\_\_\_\_ (Last, First Middle Initial )

2. Current Home Address: \_\_\_\_\_

(Street / Apt City St Zip)

3. Current Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. E-mail: \_\_\_\_\_

5. \*\*Birth Date: \_\_\_/\_\_\_/\_\_\_ \*\*Social Security Number: \_\_\_ - \_\_\_ - \_\_\_  
(MM/DD/YYYY)

6. \*Gender: \_\_\_F \_\_\_M \*Are you Disabled? \_\_\_Yes \_\_\_No

7. \* \_\_\_ U.S. Citizen: \_\_\_ Permanent Resident \_\_\_ Other \_\_\_\_\_  
(Country of Residence)

\* Required information by the National Science Foundation for reporting purposes only

\*\*Required information for payment purposes only

8. College, University, Junior College, Vocational or Technical Institution:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

9. Current Major \_\_\_\_\_ GPA \_\_\_\_\_

10. Current Status: \_\_\_Senior \_\_\_Junior \_\_\_Sophomore \_\_\_Freshman

11. Degree you are working towards \_\_\_AA \_\_\_AS \_\_\_BS \_\_\_BA  
\_\_\_Other \_\_\_\_\_

12. Home Department: \_\_\_\_\_

13. Expected graduation date: \_\_\_\_\_

(In order to participate in this program, you cannot be a graduating senior or have already graduated.)

14. Honors and Awards: \_\_\_\_\_

15. List any extracurricular activities you have participated in:

16. Career Goals

What are your plans after obtaining your undergraduate degree?  
(If more than one applies, please indicate and rank your preferences.)

- (A) Graduate School (Sciences) \_\_\_\_\_
- (B) Medical School \_\_\_\_\_
- (C) Dental School \_\_\_\_\_
- (D) Veterinary School \_\_\_\_\_
- (E) Business School \_\_\_\_\_
- (F) Law School \_\_\_\_\_
- (G) Don't know \_\_\_\_\_
- (H) Other \_\_\_\_\_

17. Please indicate the broad research area(s) that interest you. (Please rank, if more than one.)

- |                            |       |                          |       |
|----------------------------|-------|--------------------------|-------|
| Biochemistry               | _____ | Microbiology             | _____ |
| Molecular Biology          | _____ | Plant Molecular Biology  | _____ |
| Genetics                   | _____ | Bacterial Physiology     | _____ |
| Bioinformatics             | _____ | Immunology               | _____ |
| Host-parasite interactions | _____ | Fungal Molecular Biology | _____ |
| Plant-microbe interactions | _____ | Biotechnology            | _____ |
| Microbial Ecology          | _____ | Astrobiology             | _____ |

18. Please indicate your preferences regarding faculty mentor. See descriptions of mentor research programs for mentor list and more information.

- 1<sup>st</sup> choice \_\_\_\_\_
- 2<sup>nd</sup> choice \_\_\_\_\_
- 3<sup>rd</sup> choice \_\_\_\_\_

19. Statement of interest in the Program and Relevant Qualifications:  
(Please attach an essay of 250 words minimum.)

\*\*\*\*\*

**I certify that all statements contained in this application are true and correct.**

\_\_\_\_\_  
Applicant Signature      Date

**Contact information for two referees:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

University, College or School: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

University, College or School: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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

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

**Note: letters of reference should be sent directly to the Program by the referees.**

**Please submit applications and letters before March 1, 2008.**

**Send applications, transcripts and letters from referees to:**

Dr. Nemat Keyhani  
Department of Microbiology & Cell Science  
P. O. Box 110700  
University of Florida  
Gainesville, FL 32611-0700

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FAX: (352) 392-5922  
Telephone: (352) 392-2488