



**National Institutes of Health-National Institute of General Medical Sciences
Undergraduate Research Initiative for Student Enhancement (U-RISE)
Clafin University, 400 Magnolia Street, Orangeburg, SC 29115**

U-RISE STUDENT APPLICATION FORM

Please submit this form along with two letters of recommendation, an unofficial copy of your transcripts, a one-page personal statement asked for on page 3 and your resume.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip Code)

Phone: Home# _____ Cell# _____

Email: _____

Gender: Male Female Social Security Number: _____

Major: _____ Minor: _____

BS or BA degree in which field (please check one): _____

Cumulative GPA: _____ Student ID Number: _____

U.S. Citizen: Yes No
(If "No", please attach a copy of both sides of your Alien Registration Permanent Resident "Green card").

Faculty Mentor/Research Advisor: _____

Did you enter Clafin University as a First Time Freshman or Transfer Student?
(If you are a transfer student, copies of your unofficial transcripts from your previous college(s) are required).

Class Level (please check one): Freshman Sophomore Junior Senior

Please check the box that best describes your race or ethnicity:
 Hispanic/Latino Native American Pacific Islanders African American Asian

Expected Date of Graduation: Semester: _____ Year: _____

Are you willing and/or able to travel to regional and national conferences? YES NO

If no, please explain: _____



Are you interested in summer research outside of Claflin? YES NO

Are you a part of any federally funded programs? YES NO

If yes, please provide the name(s) of the program: _____

If applicable list other college(s) attended and degree(s) obtained.

Name of College(s)	Date of Attendance	Major	Degree(s) Obtained

Are you interested in working with a faculty member in the School of Natural Sciences and Mathematics or Department of History and Sociology (Geography)? Please list the faculty of your choice.

1. _____

2. _____

Do you have prior research experience? YES NO

If yes, please provide dates and description of prior research activities.

Institute where you were involved in research	Dates	Description of research activities in which you were involved

Please List any Community Service Projects in which you have participated.

Name of Project	Your Role



Please list any techniques/assays that you know that may help enhance your ability to perform research.

- 1. _____
- 2. _____
- 3. _____

List any awards, honors, publications or presentations (poster/oral):

- 1. _____
- 2. _____
- 3. _____

Please List Your Leadership Roles on and off Campus

Name of Organization	Your Role

****Please provide one page personal statement describing your educational and career plans and how a biomedical/behavioral research experience in the RISE program would benefit you.**

Names and contact information of the two faculty members whom you have asked to submit letters of recommendations on your behalf.

Faculty Name	Department	Phone Number	Email Address
1.			
2.			

*Please arrange to have letters of recommendation written by the faculty. The letters can be delivered by you in sealed and signed envelopes. Alternatively, if the faculty prefers, they may send the letters directly to the RISE Principal Investigator, Dr. Gloria S. McCutcheon or via email at gmccutcheon@claflin.edu.

Applicant Signature

Date



Dr. Gloria S. McCutcheon,
U-RISE Project PD/PI,
JST 234,
Office Phone: (803)535-5459,
E-mail: gmccutcheon@claflin.edu

**Forward completed application to Dr.
McCutcheon with copies to Dr. Shivji and
Ms. K. Tyree (ktyree@claflin.edu)**



Dr. Samina N. Assanie-Shivji,
U-RISE Project PI,
MSRC 121,
Office Phone: (803)535-5079,
E-mail: shassanali@claflin.edu

The application will be considered incomplete without the following documents:

1. Complete application
2. Copy of unofficial transcript
3. One-page essay (personal statement describing your career goals and your research interests, i.e. how this internship will help you achieve your career goals)
4. Resume
5. Two letters of reference

Note: Students with GPA of 3.0 or above will be eligible.

Application Check List:

- | | |
|--|--|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Unofficial Transcript |
| <input type="checkbox"/> One-page essay (personal statement) | <input type="checkbox"/> Resume |

Please check the following research areas that you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Protein Biochemistry | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Plant Biotechnology | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Virology | <input type="checkbox"/> Biofuels |
| <input type="checkbox"/> Metabolomics | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Tissue Engineering | <input type="checkbox"/> Analytical Chemistry and Instrumentation |
| <input type="checkbox"/> Cytology | <input type="checkbox"/> Environmental Science |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Organic Chemistry |
| <input type="checkbox"/> Forensic | <input type="checkbox"/> Inorganic Chemistry |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Physical Chemistry |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Nanotechnology |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Bioinformatics and Biostatistics |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Geography |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Sociology |

Others: _____



PLEASE STOP!

For Office Use Only:

APPROVAL	
RISE Mentor Name:	_____
RISE Mentor Signature:	_____
Date:	_____
RISE PI Name:	__Dr. Gloria S. McCutcheon__
RISE PI Signature:	_____
Date:	_____
DENIAL	
RISE PI Signature:	_____ Date: _____