Hofstra University



Hofstra University Summer Science Research Program

2009 Application Form

Application Deadline: April 10, 2009

Hofstra University Summer Science Research Program Department of Chemistry, Biochemistry & Forensic Science 151 Hofstra University, Room 106 CHPHB Hempstead, NY 11549-0151 Tel. (516) 463-5534 Fax (516) 463-6394

E-mail: chmnwj@hofstra.edu

Please provide the following information. Please type or print neatly in black or blue ink.

Student Information					
First Name:		M.I.	Last N	Last Name:	
Address:					
City:		State:	Zip Co	ode:	
Telephone:		E-mail:			
Social Security Numb	er:				
Date of Birth:		Anticipated Date of			
		High School Graduation:			
Parent/Guardian:		Telephone:			
School Information					
School Name:					
Address:					
City: State:		Zip Code:			
Borough/County:					
School Telephone:					
Principal:					
Science Chairperson:					
Teacher from whom you have requested a recommendation:					
Name: Subject:					
Indicate the courses ye	ou have taken:				
Course	Semester/Year	Regents of	or AP?	Grade received or	
				anticipated	
Biology					
Chemistry					
Earth Science					
Physics					
Science Research					

Research Interests

Please indicate 1 st , 2 nd , and 3 rd	e three areas of research in which you would prefer to do research. Specify your d choice.
	Astronomy
	Behavioral Science/Psychology
	Biology
	Biochemistry
	Chemistry
	Computer Science
	Earth Science/Geology
	Engineering
	Environmental Science
	Mathematics
	Wildlife Biology/Ecology

Please answer the following questions.

1. Why are you interested in participating in a summer science research program? What do you hope to learn from your experience?

2.	What are your professional goals once you've finished your college education?		
3.	Please list all full or part time jobs or internships you have he Please provide your place of employment/internship, dates and a summary of your duties.		
4.	Please describe any previous research experiences, hobbies, that are relevant to your research interest.	, or other types of experience	
Parent/Student Commitment			
We, the undersigned, certify that the information provided by us on this form is true. We understand that if the student whose name appears on this form is admitted to Hofstra University's Summer Science Research Program, (s)he will agree to abide by all program rules and fulfill all requirements. We also agree to fulfill all financial obligations associated with participation in the program. The student understands that if accepted, (s)he will be placed with			
-	rch mentor at the discretion of the Program Coordinators.	to the second se	
Signat	ure of Student:	Date:	
Signat	ure of Parent/Guardian:	Date:	