

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 Name:
Address:		
City:	State:	Zip Code:
Telephone:	E-mail:	
Social Security Number:		
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 you have taken:

Course	Semester/Year	Regents or AP?	Grade received or anticipated
Biology			
Chemistry			
Earth Science			
Physics			
Science Research			

Research Interests

Please indicate three areas of research in which you would prefer to do research. Specify your 1st, 2nd, and 3rd 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?

