

**MOREHOUSE SCHOOL OF MEDICINE
NEUROSCIENCE INSTITUTE
2010 SUMMER RESEARCH PROGRAM
APPLICATION**

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Today's Date: _____

Local Address: _____ Apt./Room: _____

City: _____ State: _____ Zipcode: _____

Local Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____ Apt./Room: _____
(If different from above)

City: _____ State: _____ Zipcode: _____ Country: _____

Home Phone: _____

Contact Number after Leaving School: _____

Emergency Contact Name & Number: _____

Type of Medical Insurance: _____

Institution: _____ GPA: _____

Major: _____ Minor: _____ Classification: _____

Graduate School: M.D. program _____ Ph.D. program _____

Year: 1st _____ 2nd _____ 3rd _____ 4th _____

Career Goals: _____ Other: _____
(Ph.D., M.D. or M.D./Ph.D.)

Return application, CV, letter of interest, research experience (1-2 pages) via email to NISRP@msm.edu or mail along with 2 letters of recommendations and an official transcript to:

Gwendolyn Waymon
Summer Research Program
Neuroscience Institute
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310
For information contact: (404) 756-5785