

**UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE
AND DENTISTRY**



**SUMMER UNDERGRADUATE
RESEARCH FELLOWSHIP (SURF)
PROGRAM**

JUNE 4 – JULY 27, 2012



SCHOOL OF
**MEDICINE &
DENTISTRY**
UNIVERSITY of ROCHESTER
MEDICAL CENTER

The University of Rochester School of Medicine and Dentistry (URSMD) is committed to enhancing the preparation of candidates for careers in the health professions, research and the biomedical sciences who have a demonstrated vision and commitment to improving the health status of diverse patient populations via patient care, research and/or teaching.

As a part of institutional commitment to support of the AAMC's efforts to increase diversity in medicine, the URSMD supports the Summer Research Fellowship Program (SURF). SURF is an eight-week academic program designed to strengthen the science, clinical, and research skills of selected college students to enhance their competitiveness for careers in medicine and the biomedical sciences. SURF participants are selected from a national pool of candidates who have a demonstrated vision and commitment to improving the health status of diverse patient populations via patient care, research and/or teaching.

Program participants conduct focused research in a medical center laboratory under the mentorship of faculty. The program includes seminars and activities, which allow for formal and informal discussions. Students are also exposed to weekly lectures/seminars, gross anatomy lectures and labs, clinical rotations in the Emergency Department, Problem-Based Learning sessions to enhance their critical thinking and problem-solving skills, MCAT review/testing and mock interviews. Participants receive a stipend and housing is included during this eight-week period. Application packages for this program are available in October of each year.

Applicants must have completed at least two years of college and introductory science and math courses.

Deadline: All application materials must be received by February 6, 2012
Applications can be submitted online
(materials may be submitted separately)

Program Dates: June 4 – July 27, 2012

Stipend: \$2,700

Housing: University housing provided

Please complete the attached application and, if additional information is needed, please contact Cameron Lewis at 585-275-2928 or Catrina Rockwell at (585) 275-2175.

**UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP (SURF)
PROGRAM APPLICATION**

PERSONAL INFORMATION

Name: _____

Present Address: _____ City: _____ State: _____

Zip Code: _____ (Effective Dates at the above address) _____

Telephone Number: () _____ E-mail _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: () _____

Ethnicity:

- Not Spanish/Hispanic/Latino/Latina
- Spanish/Hispanic/Latino/Latina

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Economically disadvantaged: Yes _____ No _____

Date of Birth: _____ Sex: _____

*U.S. Citizen _____ Permanent Resident _____ Permanent Registration Number _____

Other _____ (Please Explain) _____ *

Must be a U.S. citizen or Permanent Resident to qualify

Have you ever pleaded guilty or been convicted of a felony? No Yes . If yes, please attach a copy of an explanation.

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Mailing Address: _____

Parent(s)/Guardian(s) Telephone Number: _____

Please list if any relative has been associated with the University of Rochester, including names and relationship.

ESSAY

Attach a typed one-page statement that describes your interest in medicine and/or biomedical research, past experiences, demonstrated vision and commitment to improving the health status of diverse patient populations via patient care, research and/or teaching, plans for the future and how the Summer Undergraduate Research Fellowship Program will facilitate your preparation.

ACADEMIC HISTORY:

Overall GPA: _____ Science GPA: _____

Please note: **An Official transcript(s) is required for each College/University attended.**

References:

Please list 3 references (**at least two science faculty members**) and provide a letter of recommendation from each. Each letter must include the University's letterhead and the recommender's signature.

1. Name: _____ Title: _____
Address: _____
Telephone Number: _____ Relationship to Applicant: _____

2. Name: _____ Title: _____
Address: _____
Telephone Number: _____ Relationship to Applicant: _____

3. Name: _____ Title: _____
Address: _____
Telephone Number: _____ Relationship to Applicant: _____

I certify that the information in my application is accurate, complete, and honestly presented. I also certify that any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the recession of any offer of acceptance, or for discipline, dismissal, or revocation of participation if discovered at a later date.

I also understand that information about my application process may be released to the appropriate premedical advisory committee or individual at my pre-professional college.

Name (printed)

Signature

Date

NOTE

To complete the application process, you are required to submit the following documentation:

- √ **Completed and Signed Application**
- √ **One Page Personal Statement**
- √ **Official Transcript(s)**
- √ **Three Letters of Reference at least two from science professors on University Letterhead.**
- * **You may submit materials separately, but all materials must be received by the deadline.**

Return completed application by February 6, 2012 to:

Catrina Rockwell
The Center for Advocacy, Community Health, Education and Diversity
University of Rochester School of Medicine and Dentistry
601 Elmwood Avenue, Box 601
Rochester, New York 14642

If there are any additional questions or concerns my contact information is below:

Telephone: (585) 275-2928
Alternate Number: (585) 275-2175
Fax: (585) 273-1016
E-mail: catrina_rockwell@urmc.rochester.edu