Summer Research Fellowships in Neuroscience Application Form 2024

A. Please Type or Print in Black Ink

Name			
Last	Middle	First	
Campus Address			
Home Address			
City	State	ZIP	
Campus Phone Number ()	Email		
Home Phone Number ()			
College (<i>CM</i> , <i>HM</i> , <i>PO</i> , <i>PI</i> ,	<i>SC</i>) Year(<i>FR</i> ,	SO, JR, SR)	
Major Exp	ected Graduation Year		
Type of fellowship for which you Underrepresented groups:	are applying? (Please c	check): Standard	
B. Please indicate your chosen for ranked in order of preference.	ellowship placement sit	es from the placement list	
Name of Placement Supervisor		Institution	
1			
1			

2._____

3			
4	 	 	
5	 	 	

When you would like to begin your research?

Month Day

C. If your choice is NOT on the placement list please provide the following information:

Name & Address of Proposed Site:

Institution

Department

Address

City

State/ZIP

Country

Name of Principal Investigator or Supervisor:

Last

First

Principal Investigator or Supervisor's Contact Information:

Phone

Email

Briefly describe the principal investigator's research program (attach an extra page if necessary). Do not exceed 750 words:

Has the principal investigator or supervisor agreed to accept you as a summer research student? Yes_____ No_____

When you would like to begin your summer research?

Month

Day

D. References (please provide names, addresses, phone numbers and emails of TWO people who are familiar with your work and that can judge your performance):

1. Name

Address

In what capacity do you know the above referee?

Phone_____ Email_____

2. Name

Address

In what capacity do you know the above referee?

Phone_____ Email_____

PLEASE NOTE: Two referees who are familiar with the applicant's work should provide a recommendation letter using institutional letterhead and fill out the confidential reference checklist form provided with the application. The completed recommendation letter and form should be enclosed in a sealed envelope with the referee's signature on the back flap. Please include as part of your application materials or have him/her mail the form to the following address:

Tom Borowski Pitzer College 1050 North Mills Ave. Claremont CA 91711

Email submissions will be accepted provided that an institutional email address is used.

Be sure to submit one copy of this application, your resume or CV, academic transcripts, and a brief statement of your research interests and goals. Applications are due **Monday**, **February 26th, 2024.** Please send the completed application to thomas_borowski@pitzer.edu

Student Signature _____

Date_____