

**APPLICATION FOR MINORITY ACCESS TO RESEARCH CAREERS
UNDERGRADUATE RESEARCH TRAINING**

SAN DIEGO STATE UNIVERSITY

**INSTRUCTIONS FOR COMPLETING APPLICATION
FOR UNDERGRADUATE RESEARCH TRAINING**

READ AND COMPLY WITH ALL INSTRUCTIONS CAREFULLY.

1. Please complete and sign the enclosed application form. Where space is limited, use additional sheets if needed. A personal statement elaborating on your background, interest in science, and long-range professional goals should accompany the application. The statement should be divided into (a) personal and family background and (b) professional goals. Limit to 500 words.
2. List all science, statistics and math courses that you have taken or intend to complete prior to entrance in the MARC Program. Courses should be grouped according to scientific area (i.e., biology chemistry, mathematics, physics, psychology, etc.).
3. Have the registrar send a copy of your transcript to this office.
4. Confidential reference forms (2): Two people who are qualified to evaluate your scientific and academic background should complete the forms.
5. You must advise this office of any change in address or telephone number.

Original application form, plus three (3) copies, (including 3 copies of your personal statement) and letters of recommendation should be completed and sent or delivered to:

Cathie Atkins, Ph.D.
c/o Thelma Chavez
MARC Program Coordinator
SDSU-College of Sciences, GMCS 321C
San Diego, CA 92182-1016
(619) 594-7195

**APPLICATION FOR
MINORITY ACCESS TO RESEARCH CAREERS PROGRAM
MINORITY HONORS UNDERGRADUATE RESEARCH TRAINING
SAN DIEGO STATE UNIVERSITY**

NAME _____
(please print or type) First Middle/Maiden Last

SSN _____ _____ MALE _____ FEMALE

ETHNICITY: (Please check all that apply)

<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> US CITIZEN
<input type="checkbox"/> MEXICAN-AMERICAN	<input type="checkbox"/> CALIFORNIA RESIDENT
<input type="checkbox"/> OTHER LATINO/HISPANIC	<input type="checkbox"/> DISABLED/HANDICAPPED
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> VETERAN
<input type="checkbox"/> PACIFIC ISLANDER	BRANCH _____
<input type="checkbox"/> AMERICAN INDIAN	YEARS OF SERVICE _____
<input type="checkbox"/> OTHER UNDERREPRESENTED ASIAN-AMERICAN	
<input type="checkbox"/> OTHER ETHNICITY	

MULTIRACIAL YES NO EOP YES NO DON'T KNOW

LOCAL MAILING ADDRESS: _____

TELEPHONE: (____) _____

PERMANENT HOME ADDRESS: _____

TELEPHONE (____) _____

BIRTH DATE: _____ EMAIL ADDRESS _____

LIST ALL LANGUAGES IN WHICH YOU ARE FLUENT: _____

LANGUAGES SPOKEN AT HOME: _____

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

MOTHER/GUARDIAN NAME: _____ OCCUPATION: _____

NUMBER OF BROTHERS: _____ NUMBER OF SISTERS: _____

MAJOR: _____ UNDERGRADUATE STANDING _____

ESTIMATED DATE OF GRADUATION : _____

THIS OFFICE MUST BE NOTIFIED OF ANY CHANGE OF ADDRESS OR TELEPHONE NUMBER

PLEASE INDICATE THE PROGRAMS FOR WHICH YOU WISH TO BE CONSIDERED:

MINORITY ACCESS TO RESEARCH CAREERS (MARC) _____

MINORITY BIOMEDICAL RESEARCH CAREERS (MBRS) _____

MCNAIR SCHOLARSHIP _____

I WISH TO BE CONSIDERED FOR ALL PROGRAMS FOR WHICH I QUALIFY _____

MARITAL/DEPENDENT STATUS: (Please circle)

1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Number of Dependents: _____ Ages: _____

Are you paying for your own college education in part or entirely ?

_____ Yes (if yes, please circle part or entirely) _____ No

Do you currently receive any grants, loans, scholarships, or work-study support ? _____
Yes _____ No

If yes, state which: _____

PRESENT EMPLOYMENT: (company name, phone number, and address)

POSITION: _____

How much money do you expect to earn by working each month? _____

Do you have a current financial statement on file with the SDSU Financial Aid Office?
_____ Yes _____ No

Do you have a current financial statement on file with the SDSU Equal Opportunity Program (EOP) Office.
_____ Yes _____ No

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A PERMANENT VISA? _____

EDUCATIONAL TRAINING:

Name and Location of Educational Institution	Dates Attended	Major	Minor	Degree	Date Awarded or Expected

ACADEMIC HONORS, SCHOLARSHIPS, FELLOWSHIPS, AND ASSISTANTSHIPS:

Awards	College or University	Inclusive Dates

EXTRACURRICULAR ACTIVITIES AND INTERESTS: _____

MEMBERSHIPS IN SCIENTIFIC or STUDENT ORGANIZATIONS: _____

RESEARCH EXPERIENCE, PRESENTATIONS AND/OR PUBLICATIONS, IF ANY: _____

LIST SCIENCE-RELATED WORK EXPERIENCE:

Employer	Description of Work	From	To

Please describe any jobs or positions of responsibility that you have held in addition to any present employment you have listed above.

Please describe any personal, family, or financial issues/problems which might be helpful to us in evaluating your application.

Father's highest level of education:

Graduated High School _____
Technincal/Vocational School _____
Some College _____
Graduated 2-year College _____
Graduated 4-year College _____
Master's Degree _____
Doctorate _____
Other Professional Degree (i.e, MD, DDS, Vet, Juris Doctorate, etc.): _____
Other _____

Mother's highest level of education:

Graduated High School _____
Technincal/Vocational School _____
Some College _____
Graduated 2-year College _____
Graduated 4-year College _____
Master's Degree _____
Doctorate _____
Other Professional Degree (i.e, MD, DDS, Vet, Juris Doctorate, etc.): _____
Other _____

Siblings in College: _____ Brothers _____ Sisters _____
Siblings Graduated from College: _____ Brothers _____ Sisters _____

LIST OF SCIENCE, RESEARCH, STATISTICS AND MATH COURSES TAKEN AND TO BE TAKEN:

INSTRUCTIONS: List all undergraduate science courses that you have taken or intend to complete. Courses should be grouped according to scientific area (i.e., chemistry, physics, mathematics, engineering, geology, biology, psychology, medicine, public health, etc.). Use back of page if necessary. Have official copy of transcript sent to this office.

Number of Units Completed: _____ Number of Units in Progress: _____

GPA Major: _____

GPA Science: _____

GPA Overall: _____

Course Number and Descriptive Title	Date taken or to be taken	Grade
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How did you learn about the MARC Program? (Please check all that apply):

- Instructor
- Friend
- Brochure
- Other USP Program (i.e., MBRS, McNair, HCOP, etc)
- Other (please specify) _____

What do you hope to gain by participating in the MARC Program? _____

What are your expectations of the MARC Program? _____

Why do you feel you are a good candidate for the MARC Program? _____

Please answer the following questions: (Please circle the appropriate response)

SDSU was my first choice in a university	Yes		No
I am sure I made the right choice in attending SDSU	Yes		No
I am confident that my chosen major is right for me	Yes		No
I am going to college because I want to go to graduate school and become a scientist	Yes		No
I enjoy engaging in research activities	Yes		No
I expect to pursue a career in science (teaching, research)	Yes		No
I am satisfied with my educational training at SDSU	Yes	Somewhat	No
I feel I have sufficient knowledge about topics taught to me in my chosen major	Yes	Somewhat	No
I feel confident in my ability to conduct research	Yes	Somewhat	No

The highest degree I expect to obtain is: (Please circle):

Bachelors Masters Ph.D. M.D. M.D./Ph.D.

How confident are you that you will be able to: (Please circle):

Spend 4 hours a day or more on class-related work?	Very	Somewhat	Not
Review notes before class	Very	Somewhat	Not
Turn assignments in on time	Very	Somewhat	Not
Attend class regularly	Very	Somewhat	Not
Take good lecture notes	Very	Somewhat	Not

Ask questions in class	Very	Somewhat	Not
Manage reading assignments in each class	Very	Somewhat	Not
Follow a daily schedule	Very	Somewhat	Not
Keep a schedule of tests, projects, reports	Very	Somewhat	Not
Take notes on reading assignments	Very	Somewhat	Not
Learn/enhance computer skills	Very	Somewhat	Not
Manage financially without having to cut down on time needed to complete classwork	Very	Somewhat	Not
Get additional tutoring if needed	Very	Somewhat	Not

About your study habits, please answer the following: (Circle): I:

Study on weekends	Rarely	Sometimes	Frequently	Always
Wait until last minute to study for tests	Rarely	Sometimes	Frequently	Always
Fall behind in coursework	Rarely	Sometimes	Frequently	Always
Follow a daily schedule	Rarely	Sometimes	Frequently	Always
Have an adequate place to study	Rarely	Sometimes	Frequently	Always
Take class notes	Rarely	Sometimes	Frequently	Always
Study with friends	Rarely	Sometimes	Frequently	Always
Listen well in class	Rarely	Sometimes	Frequently	Always
Look up new vocabulary words	Rarely	Sometimes	Frequently	Always
Underline/highlight textbooks	Rarely	Sometimes	Frequently	Always
Outline reading assignments	Rarely	Sometimes	Frequently	Always
Read tables, charts, and graphs	Rarely	Sometimes	Frequently	Always
Use the index of a book	Rarely	Sometimes	Frequently	Always
Use the library computers (PAC, etc) for research purposes	Rarely	Sometimes	Frequently	Always
Organize papers before writing them	Rarely	Sometimes	Frequently	Always
Do a first draft for papers	Rarely	Sometimes	Frequently	Always
Proofread papers before turning in	Rarely	Sometimes	Frequently	Always
Study effectively	Rarely	Sometimes	Frequently	Always
Retain what I have learned	Rarely	Sometimes	Frequently	Always
Try to improve my study habits	Rarely	Sometimes	Frequently	Always

LIST TWO PERSONS FROM WHOM YOU HAVE ASKED TO COMPLETE CONFIDENTIAL REFERENCE FORMS OR LETTERS OF RECOMMENDATION. AT LEAST ONE MUST BE A RESEARCHER OR A TEACHER:

Name	Address	Association
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IT IS YOUR RESPONSIBILITY TO ENSURE THAT THESE LETTERS REACH THIS OFFICE

**CONFIDENTIAL REFERENCE
MINORITY ACCESS TO RESEARCH CAREERS
UNDERGRADUATE RESEARCH PROGRAM
San Diego State University**

I. **TO THE APPLICANT:** Please request a current or former instructor, advisor, or supervisor who is in a position to evaluate your potential for biomedical research to complete this form. If you have been away from an academic institution for some time, the form may be given to some other person who is able to comment on your academic qualifications. Please type or print the following information before submitting the form for completion.

APPLICANT'S
NAME: _____

ADDRESS: _____

NAME OF PERSON WHO
WILL COMPLETE THIS FORM: _____

II. TO THE EVALUATOR: This form is for your convenience only. If you prefer to give your comments in a letter, please feel free to do so.

A. How long and in what capacity have you known the applicant? How well do you think he or she will do as an undergraduate student carrying on advanced study in his or her field of interest?

B. What is your estimate of the student's previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly (orally and in writing), drive and motivation?

C. Do you know of any special considerations which should be taken into account in planning for the student's research activities?

D. What do you feel are the student's strongest points? His or her weakest points?

E. If you feel that a meaningful comparison can be made, please rank the applicant with regard to other student at the same educational level.

Below Average Lowest 50 percent	Average Middle 20 percent	Above Average Next 15 percent	Outstanding Next 10 percent	Exceptional Highest 5 percent
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F. I _____ strongly recommend
_____ recommend
_____ recommend with reservations
_____ DO NOT recommend

that this student be accepted as research trainee.

Signature _____ Date _____

Title _____

Department _____

School _____

Address _____

Evaluations should be sent directly to:

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c/o Thelma Chavez
MARC Program Coordinator
College of Sciences, GMCS 321C
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