**APPLICATION - STEM CELL SCHOLARS INTERNSHIP PROGRAM**

**for students at CSU San Bernardino**

**Participants: Upper division Undergraduate Students and MS Graduate Students**

**Deadline for completed application: May 1, 2023**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last, First, Middle initial

Applying for: \_\_\_\_ Undergraduate full-time internship (12 continuous months, August 2023 to July 2024)

\_\_\_\_Graduate full-time internship (12 continuous months, August 2023 to July 2024)

Anticipated graduation date for Undergraduates (month/yr): \_\_ \_ (B.S.)

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated start date for students currently applying for MS degree program (month/yr):\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (not school one)

Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Street City Zip

**Criteria for Evaluation**: Overall and science GPA (must be a 3.0 or above); personal statement; letters of recommendation; quality of research statement (only if you have had previous research experience); coursework or coursework to be completed in preparation for internship; interview performance

All Applicants

Overall Undergraduate GPA: \_\_\_\_\_

Undergraduate GPA in the sciences (please calculate accurately): \_\_\_\_\_

Post-baccalaureate/graduate GPA to date (if applicable): \_\_\_\_\_

**List all educational institutions you have attended since high school, including your current campus.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Location (City, State, Country) | Dates attended | Degree |
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**You must have completed at least the first three courses listed, or their equivalents, with a B or better, prior to starting your internship. Make sure you indicate your completion or intended completion date for each course.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course taken/to be taken | | Semester/yr Semester/yr to be taken | | Grade |
| BIOL5130 Animal Tissue Culture | |  | |  |
| BIOL 3100 Cell Biology | |  | |  |
| BIOL 3120 Molecular Biology | |  | |  |
| BIOL 3300 Genetics | |  | |  |
| BIOL 4400 Developmental Biology | |  | |  |
| BIOL 5310 Advanced Molecular Techniques | |  | |  |
| BIOL 3130 Biology of Stem Cells | |  | |  |
| **List below, by number and name, equivalent upper division/grad course work taken elsewhere.** | | | | |
| Course | Institution where taken | | Sem and year taken | Grade |
|  |  | |  |  |
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STATEMENT OF PURPOSE

In the space below, tell us why you are interested in doing research, and why stem cell research in particular. Describe your future educational and career goals, and how this internship will help you to attain them. -(**Please note**: This internship is open to those with a variety of career aspirations, from employment immediately after graduation to continuing on to graduate school and a subsequent professional career.)

PREVIOUS OR CURRENT RESEARCH EXPERIENCE (if applicable):

Briefly summarize in the space below any previous research experience. State the objective of your research, the approaches you used to meet your objective, and what conclusions you were able to make, if any. List any publications and presentations for which you were an author or co-author.

**Additional Documentation Required**

**It is your responsibility to request official transcripts from current and all previous post-secondary educational institutions to be mailed directly to the address below. If you have attended other academic institutions you must also send an unofficial electronic copy of your transcripts to nbournia@csusb.edu. You must also have three letters of recommendation (pdf on letterhead preferred) sent electronically by your recommenders to** [**nbournia@csusb.edu**](mailto:nbournia@csusb.edu)**. All documents must be emailed or postmarked on or prior to the deadline of** May 1, 2023.

**Dr. Nicole Bournias-Vardiabasis**

**Biology Department**

**CSUSB**

**5500 University Pkwy**

**San Bernardino, CA 92407**

**References for Letters of Recommendation**

Please list three professors or research advisors from whom you have requested letters of recommendation.

**Reference 1**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 2**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 3**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completion Checklist**

\_\_\_\_\_\_\_\_ Have completely filled out this application form.

\_\_\_\_\_\_\_\_ Have requested letters of recommendation from three recommenders listed on this application and have made sure that the letters will be sent on or prior to the deadline.

Have emailed Dr. Bournias an unofficial copy of all transcripts.