

**FORT JOHNSON SUMMER RESEARCH PROGRAM
COLLEGE OF CHARLESTON
CHARLESTON, SOUTH CAROLINA**

**FILL OUT FORM ON-LINE,
PRINT PAGE, AND MAIL.**

APPLICATION FORM

Applicant must be a U.S. citizen or a permanent resident of the U.S.

1. CONTACT INFORMATION

LAST NAME FIRST NAME MIDDLE NAME
FOR CONTACT DURING THE ACADEMIC YEAR

ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL SSN

YOUR PERMANENT ADDRESS

ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL (IF DIFFERENT FROM ABOVE)

2. EDUCATIONAL HISTORY

EXPECTED DATE OF GRADUATION (MONTH/YEAR) MAJOR Overall GPA

ACADEMIC INSTITUTION CITY/STATE OF ACADEMIC INSTITUTION

PERTINENT UNDERGRADUATE COURSES, ESPECIALLY COURSES IN CHEMISTRY, PHYSIOLOGY, CELL BIOLOGY,
MOLECULAR BIOLOGY

RESEARCH EXPERIENCE OUTSIDE OF CLASSWORK, BUT INCLUDE INDEPENDENT STUDY. GIVE TITLE OF PROJECT.

3. RECORDS

A. TEST SCORES. PROVIDE TEST SCORES (BELOW AND SEND OFFICIAL OR UNOFFICIAL COPIES) OF ANY OF THE STANDARDIZED TESTS LISTED BELOW GIVING A BREAKDOWN OF THE SCORES AND THE DATE(S) OF THE EXAM(S).

SAT

GRE

ACT

B. TRANSCRIPTS. PLEASE SEND ALL RELEVANT TRANSCRIPTS OF COLLEGE WORK.

4. ESSAY

IN A BRIEF ESSAY (ONE OR TWO PAGES) OUTLINE YOUR CAREER GOALS, YOUR EDUCATIONAL GOALS AND HOW THIS SUMMER MARINE RESEARCH EXPERIENCE WILL HELP YOU TO ACHIEVE THESE GOALS. THIS ESSAY SHOULD BE ATTACHED TO YOUR APPLICATION.

5. LETTER OF RECOMMENDATION

PROVIDE ONE CONFIDENTIAL LETTER OF RECOMMENDATION, MAILED SEPARATELY IN A SEALED ENVELOPE BY THE PERSON WRITING THE LETTER. LETTERS MUST BE SENT BY FEB 21, 2007. LETTERS MAY BE SENT BY EMAIL TO BURNETT@COFC.EDU.

NAME, ADDRESS, AND EMAIL ADDRESS OF THE PERSON WRITING THE LETTER

6. DEADLINE

APPLICATIONS AND LETTERS OF RECOMMENDATION SHOULD BE SENT BY FEB. 21, 2007 TO:

FORT JOHNSON SUMMER RESEARCH PROGRAM

GRICE MARINE LABORATORY

205 FORT JOHNSON

CHARLESTON, SC 29412

PHONE (843) 953-9200

FAX (843) 953-9199

EMAIL BURNETT@COFC.EDU

7. STATISTICAL INFORMATION

THIS INFORMATION IS NEEDED FOR FEDERAL REPORTING PURPOSES ONLY. THE FORT JOHNSON SUMMER RESEARCH PROGRAM DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, GENDER, NATIONAL ORIGIN, DISABILITY, OR OTHER LEGALLY PROTECTED CLASSIFICATION.

DATE OF BIRTH (MM/DD/YYYY): _____

GENDER: MALE FEMALE

SELF-DESCRIPTION

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN OR PACIFIC ISLANDER

BLACK, NON-HISPANIC

HISPANIC

WHITE, NON-HISPANIC

OTHER _____