SECTION I: DESCRIPTION OF PROGRAM

The Halmos College of Natural Sciences and Oceanography at Nova Southeastern University provides foundational study in core and emerging disciplines and technologies to prepare students for graduate and professional study, career development, and responsible citizenship. The College highly values our partnerships with the basic science/clinical researchers of MD Anderson Cancer Center.

At the MD Anderson Cancer Center, students are matched with a mentor from MD Anderson’s research or clinical faculty. Participants work alongside the mentor in a lab or clinic on projects designed by faculty to reflect current research. Workshops and lectures provide opportunities to connect with faculty, residents, postdoctoral and clinical fellows, and other participants. Through the program, students assess goals related to careers in oncology research and patient care. The program culminates with a symposium in which participants present talks and posters on their research projects to peers and faculty.

The Biology Student Internship Program is a unique collaboration between NSU and the MD Anderson Cancer Center, which allows for intercampus and institutional interaction in multiple medical disciplines whereby young scientists gain exposure, direction and guidance during their developing career paths. The benefits of this program are as follows:

- To foster intercampus and inter-institutional collaborative relationships on both a national and international level
- To educate and train young scientists
- To produce outcomes that will allow for successful acquisition of extramural support.

This collaborative venture with our partners will contribute to the leadership of all institutions in basic science and medical education and help to meet the needs of our national community through basic science and academic training, high-quality collaborative relationships and gaining the interest and exposure from future basic scientists/clinicians and the community.

Participant Eligibility. Any individual desiring to participate must have JUNIOR or SENIOR ranking and be a returning registered student for Fall 2018. Other criteria include: an overall GPA of 3.0 and a GPA of 3.0 in basic sciences. Candidates must submit an application inclusive of a written statement discussing the reason(s) why participation is desired, and an Official University Transcript of Grades or equivalent Capp report. Three letters of recommendation must also be included: 2 from basic science faculty, and 1 other. All application materials must be received by the Biology Student Internship Program Committee (BSIPC) no later than November 17, 2017. The time line follows below:

**Time Line Summary**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, September 22, 2017</td>
<td>Summer 2018 Application Process Begins</td>
</tr>
<tr>
<td>Friday, November 17, 2017</td>
<td>Summer 2018 Application Deadline</td>
</tr>
<tr>
<td>November 18-November 27, 2017</td>
<td>BSIPC reviews applications and qualifies applicants for an interview</td>
</tr>
<tr>
<td>Nov 27-Dec 1, 2017 (class last week)</td>
<td>BSIPC interviews the qualified candidates and selects up to four finalists</td>
</tr>
<tr>
<td>January 8-12, 2018</td>
<td>MD Anderson summer research Program Directors may conduct interviews by phone or face-to-face with finalists</td>
</tr>
<tr>
<td>January 16-19, 2018</td>
<td>The BSIPC committee will present proposed recommendations to the Dean and to the biology department chair and await confirmation</td>
</tr>
<tr>
<td>Friday, January 19, 2018</td>
<td>The confirmed Awardees and the alternates will be informed of their selection by the BSIPC.</td>
</tr>
<tr>
<td>Friday, January 26, 2018</td>
<td>Awardees deadline to notify the BSIPC in writing accepting their internship program by signing a contract.</td>
</tr>
</tbody>
</table>
Monday, February 05, 2018  Awardees begin preparation training for their internship by the committee members.

Friday, April 20, 2018  Awardees must satisfactorily complete all requirements including travel documents in preparation for the summer internship.

Monday, June 4, 2018  Summer Internship begins. Student interns communicate regularly with their NSU faculty mentor.

Friday, August 10, 2018  Summer Internships End
Summer Interns complete all requirements and turn in assignments for grading to their NSU Faculty Mentor.

Fall, 2018  Summer Interns do presentations of their summer internship experience to students, faculty and staff.

BSIPC Role. The Biology Student Internship Program Committee (BSIPC) will qualify and rank candidates and select those who will be granted a face-to-face interview by the committee. Following the BSIPC interviews, up to eight finalists will be identified. Additional interviews of the finalists by the respective partner institutions either by phone or face-to-face may also take place.

Length & Location of Internship. There are up to two ten-week internship positions available for summer 2018 at the MD Anderson Cancer Center. In the event that the original internship Awardees to the internship, declines their internship or during their BIOL 4950 course changes his or her mind, one of the alternates may be selected to replace that Awardee.

Program Outline.

A. MD Anderson Cancer Center. The purpose of the Program is for student to gain experience in various research techniques. Activities during this program will include performing molecular biological experiments and possible animal studies, conduct molecular biology and model organism experiments, western blot and northern blot, operate laboratory apparatus and equipment, analyze experiments and tissue culture techniques. The intern’s primary responsibility includes conducting research on challenging basic research and clinical projects. Students learn lab safety practices and techniques for gathering, analyzing and presenting scientific data.

B. Course Credit. Awardees of internships will be required to register for 3 credits of BIOL 4950 (Internship in Biology) at Nova Southeastern University. Awardees must maintain a “daily journal”; write a summary paper and turn in all required assignments by July, 2018. The paper will be critically reviewed and commented by the supervisors at NSU and graded by their assigned NSU Faculty Mentor for a final assignment of course grade.

The Awardee shall be required to give a presentation of their internship/research experience to faculty and students at Nova Southeastern University upon their return to campus in the fall of 2018.
Check below Your Choice OF program for The Summer 2018 Biology Student Internship Program

☐ MD Anderson Cancer Center

SECTION II: PERSONAL IDENTIFICATION INFORMATION

Prefix:  ☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Miss.

Please, attach your photograph here (required).

Name: __________________________________________  __________________________________________  __________________________________________
(last)  (first)  (middle)

Address: __________________________________________
(number)  (street)

________________________________________  __________________________________________  ________________
(city)  (state)  (zip code)

Date of Birth: ________________  Age: ____

Telephone: ______________________  Telephone: ______________________
(primary)  (area code)  (number)  (cell)  (area code)  (number)

Email: __________________________________________

NSU Student N#: ______________________
(Required)

SECTION III: DEMOGRAPHIC INFORMATION

This information is kept for statistical reporting and possible reporting in compliance with the EEO/AAA requirements. Your responses are voluntary, and your cooperation in providing this information is appreciated.

Race/Ethnicity: (Please choose the category that best describes you).

☐ American Indian or Alaska Native  (People having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)
☐ Asian (Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ African American/Black (A person having origins in the black racial groups of Africa.)

☐ Hispanic or Latino (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)

☐ Native Hawaiian or Other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White/Caucasian of Non-Hispanic Origin (Persons having origins in any of the original peoples of Europe, Middle Ease or North Africa.)

☐ Multiracial/Other

I was made aware of this opportunity from:

☐ faculty member (specify: __________________________)

☐ an advertisement

☐ a physician (specify: __________________________)

☐ a prior participant (specify: __________________________)

☐ Other (specify: __________________________)

I have previously participated in the Biology Student Internship Program:

☐ YES. ☐ NO.

If yes, please specify all dates: __________________________

SECTION IV: EMERGENCY CONTACT INFORMATION

In the event of an injury or emergency, contact the individuals (2 are required) listed below in the following order:

First:
Prefix:  ☐ Dr.  ☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Miss.

Name:  __________________________  __________________________  __________________________
(last) (first) (middle)

Address:  __________________________
(number) (street)

                 __________________________
(city) (state) (zip code)

Telephone:  __________________________  Telephone:  __________________________
(primary) (area code) (number)  (cell) (area code) (number)

Relationship:  __________________________
Second:
Prefix: □ Dr.  □ Mr.  □ Mrs.  □ Ms.  □ Miss.

Name: ____________________________________________  ____________________________________________  ____________________________________________
(last)  (first)  (middle)

Address: ____________________________________________
(number)  (street)

________________________________________  ____________________________________________  ____________________________________________
(city)  (state)  (zip code)

Telephone: ____________________________  Telephone: ____________________________
(primary)  (cell)  (area code)  (number)  (area code)  (number)

Relationship: ____________________________

SECTION V: BRIEF MEDICAL HISTORY

Check all that apply.
□ Asthma
□ Emphysema
□ Other Respiratory Disorder (specify: ____________________________)
□ Allergy to Latex
□ Other Allergy (specify: ____________________________)
□ Dermatitis
□ Psoriasis
□ Hypertension (high blood pressure)
□ Heart Disease (specify: ____________________________)
□ Renal Disease (kidney disorders)
□ Liver Disease (specify: ____________________________)
□ Eye Glasses
□ Contact Lenses
□ Eye Disease (specify: ____________________________)
□ Pregnant (currently or trying to become pregnant)
□ Tobacco Use (i.e., smoking)
□ Medications (specify: ____________________________)
□ Other (specify: ____________________________)
□ MED Alert Tag/Identification (specify: ____________________________)
□ Dietary Requirements (specify (vegetarian, food allergy, etc.): ____________________________)

All information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VI: MEDICAL INSURANCE

You will be requested to show proof of insurance at the time of your participation in this program.

Insurance Carrier: ____________________________
(company name)

Policy No. or Group I.D. No. ____________________________
Address: ____________________________________________

Telephone: ____________________________________________
(area code) (number)

By placing an "X" in the box at the right, you certify that your medical (i.e., health) insurance coverage is current. □ My Coverage is Current.

This information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VII: CERTIFICATION OF TETANUS VACCINATION

By placing your signature in the space provided below, you certify that your tetanus vaccination/booster is current, and that if injured during the course of dissection requiring tetanus booster, you, and/or, your insurance carrier will cover the cost of said treatment.

Signature: ____________________________________________

SECTION VIII: EDUCATION

Please, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training (most recent first). [This information is required.]

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY &amp; GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Awards and Honors. List in reverse chronological order previous positions, any honors, certifications, awards, recognitions or memberships.
B. Selected publications, abstracts and/or presentations (most recent first). Do not include publications submitted or in preparation.

C. Unique Experiences that you feel make you qualified for this program.

D. Have you ever spent time abroad in another culture? Explain.

---

**SECTION IX: EMPLOYMENT HISTORY**

*Please, list most recent first.*

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>POSITION (title)</th>
<th>YEAR(s)</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION X: REFERENCES**

*Please, list three (3) individuals from whom letters of recommendation will be received. Two of whom must be Halmos science faculty. You may provide up to two (2) additional references who may be contacted if deemed necessary. Letters will be received from:*

**First:**

Prefix:  
[ ] Dr.  [ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Miss.
Name: __________________________  __________________________  __________________________
(last)  (first)  (middle)

Title: __________________________  Relationship: __________________________

Address: ____________________________________________________________
(number)  (street)
.cwd/                    (city)  (state)  (zip code)

Telephone: __________________________
(area code)  (number)

Second:
Prefix:  □ Dr.  □ Mr.  □ Mrs.  □ Ms.  □ Miss.

Name: __________________________  __________________________  __________________________
(last)  (first)  (middle)

Title: __________________________  Relationship: __________________________

Address: ____________________________________________________________
(number)  (street)
.cwd/                    (city)  (state)  (zip code)

Telephone: __________________________
(area code)  (number)

Third:
Prefix:  □ Dr.  □ Mr.  □ Mrs.  □ Ms.  □ Miss.

Name: __________________________  __________________________  __________________________
(last)  (first)  (middle)

Title: __________________________  Relationship: __________________________

Address: ____________________________________________________________
(number)  (street)
.cwd/                    (city)  (state)  (zip code)

Telephone: __________________________
(area code)  (number)

Additional 1:
Prefix:  □ Dr.  □ Mr.  □ Mrs.  □ Ms.  □ Miss.

Name: __________________________  __________________________  __________________________

Form S2018-MD Anderson
Title: __________________________ Relationship: __________________________

Address: ______________________________________________________________

(number) (street) 

(city) (state) (zip code)

Telephone: __________________________

(area code) (number)

Additional 2:

Prefix:  □ Dr. □ Mr. □ Mrs. □ Ms. □ Miss.

Name: __________________________ __________________________ __________________________

(last) (first) (middle)

Title: __________________________ Relationship: __________________________

Address: ______________________________________________________________

(number) (street) 

(city) (state) (zip code)

Telephone: __________________________

(area code) (number)
In no more than 500 words, discuss your reasons for participation in the Biology Student Internship Program. [Required. This can be attached separately.]
SECTION XII: CHECK-OFF LIST

☐ GPA requirement met
☐ Transcript or equivalent
☐ 3 letters of recommendation
☐ Photograph
☐ Proof of medical insurance
☐ Personal statement
☐ Completion of all pertinent sections

SECTION XIII: FINAL ATTESTATION STATEMENT

By placing your signature in the space provided below, you certify that all of the information you provided is true and accurate, that you will abide by the Student Handbook and Student Code of Conduct, and that you will be registered for classes for the Fall 2017 semester.

__________________________________________                              _______________________
Signature                                      Date

END OF FORM