

THE HALMOS COLLEGE OF NATURAL SCIENCES AND OCEANOGRAPHY AT NOVA SOUTHEASTERN  
UNIVERSITY AND  
MD ANDERSON CANCER CENTER, HOUSTON, TEXAS  
**SUMMER 2017 BIOLOGY STUDENT INTERNSHIP PROGRAM APPLICATION**

THIS FORM MUST BE NEATLY TYPED. (DO NOT TYPE ON THE REVERSE SIDE OF ANY FORMS). **Note: Save this Word document to your computer first and then complete it. ALL FINAL APPLICATION MATERIALS (ELECTRONIC COPIES) MUST BE RECEIVED NO LATER THAN **March 31, 2017!****

Submit ALL MATERIALS to: Aarti Raja, Ph.D.; Office: Parker 140; TEL: (954) 262-7975; Email: aarti.raja@nova.edu

**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 ranking and be a returning registered student for Fall 2017. Other criteria include: an overall GPA of 3.0 and a GPA of 3.0 in basic sciences, preference for students who have already completed or are enrolled currently in Genetics, BIOL 3600. 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 or at least the names of recommenders must also be included: 2 from basic science faculty, and 1 other. The Biology Student Internship Program Committee (BSIPC) must receive all application materials no later than **March 31, 2017**. **The time line follows below.**

**Time Line Summary**

Friday, March 31, 2017

March 31-April 4, 2017

April 5-7, 2017

April 7, 2017

April 10, 2017

Friday, April 28, 2017

May 1, 2017

**Summer 2017 Application Deadline**

**BSIPC reviews applications and qualifies applicants for an interview**

**BSIPC interviews the qualified candidates and selects up to three finalists**

**The confirmed Awardees and the alternates will be informed of their selection by the BSIPC.**

**Awardees deadline to notify the BSIPC in writing accepting their internship program by signing a contract.**

**Awardees must satisfactorily complete all requirements including travel documents in preparation for the summer internship.**

**Alternate awardees will be chosen if initial awardees are unable to participate in the internship**

Tuesday, June 6, 2017

**Summer Internship begins. Student interns communicate regularly with their NSU faculty mentor**

Friday, August 11, 2017

**Summer Internships End**

Fall, 2017

**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 2017** at the MD Anderson Cancer Center.

#### **Program Outline.**

**A. MD Anderson Cancer Center.** 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. The awardee must maintain a "daily journal"; write a summary paper and turn in all required assignments by August 2017. 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 2017.

Check below Your Choice OF program for The Summer 2017 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 East or North Africa.)

- Multiracial/Other**
- I was made aware of this opportunity from:*
- faculty member (specify: \_\_\_\_\_ )
  - A promotional flyer
  - 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) (Area code) (Number) (Cell) (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.]*

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY & GPA

**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.*

INSTITUTION AND LOCATION	POSITION <i>(title)</i>	YEAR(s)	RESPONSIBILITIES

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)  
\_\_\_\_\_  
(City)    (State)    (Zip code)

Telephone: \_\_\_\_\_  
(Area code)    (Number)

**Second:**

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

Name: \_\_\_\_\_  
(Last)    (First)    (Middle)

Title: \_\_\_\_\_    Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number)    (Street)  
\_\_\_\_\_  
(City)    (State)    (Zip code)

Telephone: \_\_\_\_\_  
(Area code)    (Number)

**Third:**

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

Name: \_\_\_\_\_  
(Last)    (First)    (Middle)

Title: \_\_\_\_\_    Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number)    (Street)  
\_\_\_\_\_  
(City)    (State)    (Zip code)



Telephone: \_\_\_\_\_  
(Area code) (Number)

**Additional 1:**

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

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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)

**SECTION XI: PERSONAL STATEMENT**

*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 names of recommenders/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**