



Grambling State University Grambling, Louisiana 71245

RESEARCH INITIATIVE FOR SCIENTIFIC ENHANCEMENT (RISE) PROGRAM
A SCIENCE EDUCATION PARTNERSHIP WITH THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Campus Box 4211
Phone: (318) 274-2348/2446

E-mail: ifeanyif@gram.edu
Fax: (318) 274-3741

RISE APPLICATION FORM Academic Year 2009-2010

Name _____
(Last) (First) (Middle) (Maiden)

Social Security No. _____

Campus Address: Box No. _____ Campus/Local Tel. # () _____

E-mail: _____ Cellular Phone () _____

Local Address: _____

(City) (State) (Zip)

Permanent Home Address: _____

(City) (State) (Zip)

Permanent Home Phone: () _____

Legal Residence (state): _____

Citizenship: Yes _____ No _____

U.S.A. Permanent Residence (For non US citizen): Yes _____ No _____

Date of Birth: _____
(Month) (Date) (Year)

Male/Female: _____

How do you describe yourself?

- | | | |
|---------------------------|--------------------------------|--------------------------------|
| _____ Black/Afro-American | _____ Mexican American/Chicano | _____ Hispanic or other Latino |
| _____ Native American | _____ Oriental/Asian American | _____ Other (specify |
| _____ White/Caucasian | _____ Puerto Rican | _____ |

List all colleges/universities at which you have taken courses. Please include official sealed transcripts from each college attended.

College/University	City/State	Dates Attended	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____

Major at GSU: _____

Science & Math credit hours successfully completed towards graduation: _____

Cumulative grade point average at GSU _____

Classification: _____ Expected Graduation Date: _____

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A Member of the University of Louisiana System
An Equal Opportunity Employer and Facility/Facilities Accessible To The Disabled

Scholastic Distinctions or honors

Summer Internships/Coop

Institution

Period: From _____ To _____

List below the two persons you have asked to complete the ratings forms for you. If you have participated in summer research internships, one of your recommenders may be your research mentor.

1. Name _____ **Address:** _____
Dept. _____

Telephone: () _____

2. Name _____ **Address:** _____
Dept. _____

Telephone: () _____

Immediate plans after graduation from Grambling:

_____ Ph.D. _____ MD/Ph.D. _____ PharmD/Ph.D. _____ M.D.
_____ MS _____ PharmD _____ Post Baccal. Prog. _____ Work

If not immediately going to graduate school, when do you plan to attend graduate or professional school?
Semester _____ Year _____

List major extra curricular and community activities (sports, band, choir, athletics, clubs and organizations you have been involved in during your college years.)

Sem/Yr	Activity/Org.	Office Held	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been dismissed, placed on probation, suspended from school, or convicted of a crime in a court of law? _____ yes _____ no If yes, please explain.

