



APPLICATION FOR STUDENT PARTICIPATION

In the MARC U★STAR Program

For Academic Year 2014-2015

Grambling State University

P.O. Box 569, Grambling, Louisiana 71245

Telephone: (318) 274-4464 Fax: (318) 274-2724

Email: himaya@gram.edu

- Please fill completely the PDF version of this application form; print, sign it, and deliver to the MARC Office located in A.C. Lewis Memorial Library (Room #241A) or by mail: MARC Program; P.O. Box 569; Grambling, LA 71245.
- You are also required to submit two Teacher Evaluation Forms. Instructions for submitting these forms are available on the MARC website (<http://www.gram.edu/marc>).

1. Name: _____, _____, _____, _____
(Last) (First) (Middle) (Maiden)
2. Campus Address: Box No. _____
3. Campus Tel. #: _____
4. Local Address: _____

City State Zip
5. Email: _____
6. Local Phone: (____) _____ Cellular: (____) _____
7. Parent/Guardian Name: _____
8. Permanent Home Address: _____

(City) (State) (Zip)
9. Permanent Home Phone: (____) _____
10. State of Legal Residence: _____ 11. U.S. Citizenship: ____ Yes ____ No
12. U.S.A. Permanent Residence (For non US citizen): ____ Yes ____ No
13. Date of Birth: _____
(Month) (Day) (Year) 14. Gender: M _____ F _____
15. How do you best describe yourself?
____ Black/Afro-American ____ Mexican American/Chicano ____ Hispanic or other Latino
____ Native American ____ Oriental/Asian American ____ Other (specify)
____ White/Caucasian ____ Puerto Rican
16. Rank in High School: _____

28. Please provide two Teacher Evaluation (Rating Forms). One form should be from your research mentor while at summer research internship (SRI), if applicable. If not applicable, both forms should be from your math/science instructors with Ph.D.

Name of Recommender	Telephone/Email
1.	Tel: (____) _____ Email: _____
2.	Tel: (____) _____ Email: _____

29. List all required Science and Math courses remaining to take for graduation. Please refer to your current transcript and current catalog. **DO NOT GUESS**, please.

Sem/Yr	Course Name	Course #	Sem. Hrs.	Sem/Yr	Course Name	Course #	Sem. Hrs.
		Sub-Total:				Grand Total:	

30. Immediate plans after graduation from Grambling State University:

A. ___ Ph.D. B. ___ MD/Ph.D. C. ___ PharmD/Ph.D. D. ___ M.D.
 E. ___ MS F. ___ PharmD G. ___ Post Baccal. Prog H. ___ Workforce I. ___ No Plans

31. If not immediately going to Ph.D. program, when do you plan to go?

Semester _____ Year _____

32. List major extracurricular activities Honor College, professional society (ACS/ACM) (NASBE), Honor Society, (sports, band, choir, athletics, clubs, and organizations you have been involved during your college years.), Academia clubs (biology, chemistry, math & physics), etc.

Sem/Yr	Activity Org.	Office Held	University

33. What will be your area of specialization in graduate or professional school?

34. What do you plan on doing three years after graduation from GSU?

35. What do you plan on doing ten years after graduation from GSU?

36. 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, explain.

37. **Work Experience**

List the best two full or part-time jobs you have held

Kind of Work	Employers	Dates of Employment	Hours Per Week	Weeks Per Year

38. **Highest Degree Aspired to:**

___ BS ___ MS ___ PharmD ___ MD ___ Ph.D. ___ MD/Ph.D.

39. **Honor Code**

Under the MARC U STAR system of self-government, each student is responsible for obeying and supporting enforcement of the Honor Code, which prohibits lying, cheating or stealing. Students are also responsible for abiding by Campus code, which prohibits conducting oneself in a manner that impairs the welfare of the educational opportunities of others in the university community. Do you agree to uphold the Honor System?

___ Yes ___ No

40. **Certification**

I certify that all information in this application is accurate, complete, and honestly presented. I understand any inaccurate or misleading information or omission will be cause for disqualification from further consideration of this application and will be cause for rescinding of the offer, if discovered at a later date.

Signature: _____

Date _____

41. **Personal Statement**

In the following blank space below, please identify your lifetime career goal. Identify your strengths and weaknesses and your plan to overcome the weakness in order to reach your lifetime goal. The personal statement helps us in becoming acquainted with you as an individual in ways different from courses, grades, test scores, and other objective data. **Please type your personal statement and limit to the space provided below (font size Arial 11).**