

Grambling State University

Grambling, Louisiana 71245

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

Director: Dr. Felix Ifeanyi

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RISE APPLICATION FORM Academic Year 2007-2008

Name				
(Last)	(First)	(Middle)		(Maiden)
Social Security No				
Campus Address: Box No				
E-mail:		Cellular Phone ()		
Local Address:				
(City)		(State)		(Zip)
Permanent Home Address:				
		Permanent l	Home Phone: ()
(City) (State)				
Legal Residence (state):		•	YesNo_	
U.S.A. Permanent Residence (Fo				
Date of Birth: (Month) (Date)	(Year)			
Black/Afro-American Native American White/Caucasian List all colleges/universities at white	Oriental Puerto F	/Asian American Rican	Hispanic or other Other (specify	
from each college attended.	, , , , , , , , , , , , , , , , , , , ,			,
College/University		City/State	Dates Attended From	То
Major at GSU:				
Science & Math credit hours suc	-	•	iation:	
Cumulative grade point average	at GSU			
lassification: Expected Graduation Date:				

ner Internships/Coop Institution			
	Peri	od: From	
List below the two persons you have asked in summer research internships, one of you	to complete the ratings forms		have partici
1. Name	Address:		
Dept	Telephone: ()	
2. Name Dept			
- эра	Telephone: (
Immediate plans after graduation from G Ph.DMD/Ph.DMSPharmD If not immediately going to graduate school Semester	PharmD/Ph.DPost Baccal. Prog. , when do you plan to attend o	•	fessional sch
List major extra curricular and community a you have been involved in during your colle		athletics, clubs	and organiza
	Office Held		ty
Sem/Yr Activity/Org.			

Personal Statement

weaknesses and your plan to streng personal statement helps us in becor courses, grades, test scores, and other	ning acquainted with you as an	
	Objective data.	
,		
		
CERTIFICATION		
I certify that, to the best of my knowled understand that any inaccurate or miss from further consideration of this application	sleading information or omission	will be cause for disqualification
Name (Please Print)	 Signature	 Date
Checklist for application package:		
A. Completed, signed application (All quest	ions must be answered).	
B. Two completed rating forms. Evaluato	rs must sign completed rating forms	and place them in envelopes.

- B. Two completed rating forms. Evaluators must sign completed rating forms and place them in envelopes. Envelopes should be sealed and signed by the evaluator on the back flap. Evaluators may send recommendations directly to the RISE Office to expedite action.
- C. Up-to-date official transcripts from all colleges/universities attended. The transcripts must be received in a sealed envelope. Registrar's Office may send transcripts directly to RISE Office.

MAILING INSTRUCTIONS

Please send the application package to:

Dr. Felix Ifeanyi Director, RISE Program at GSU Dept. of Biological Sciences P.O. Box 887 Grambling, LA 71245