

Southern University at New Orleans
Minority Science and Engineering Improvement Program
Renaissance in STEM Education

(SUNO- MSEIP RISE)

**Application for Summer Undergraduate Research Experiences (SURE) Internship
at Southern University at New Orleans – 2024**

Applicant: Please complete this form and return it along with: (a) **One completed RECOMMENDATION Form from your professor, preferably from Science and Math disciplines, (b) 250 word Essay on research interest, and (c) Current transcript including the Spring 2024 grades.** Turn in your complete application to **Dr. Murty S. Kambhampati, NSB 363.**

Contacts: Ds. Murty S. Kambhampati (504-286-5069), Dr. Joe Omojola (504-286-5096), and Dr. Yi Zhen (504-286-5241)

Please type all sections. If application is not legible or incomplete, it will not be reviewed.

Application deadline: 5:00 PM, Friday, May 17, 2024

Name _____ SID# N/U
Last First Middle

Address _____
Number Street

City State Zip Code

Cell Phone # _____ E-mail _____

Date of Birth _____ Gender: Male ___ Female ___
MM/DD/YY

Ethnicity: Black ___ Hispanic ___ Native American ___ Caucasian ___ Other ___

Visa Status: US Citizen ___ US Permanent Resident ___ Student Visa ___

Major: Biology ___ Math ___ Double major _____ (specify) _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

GPA: Cumulative _____ Major _____

Disabilities (please specify with supporting documentation from SUNO's DSS): _____

Are you available to work 40 hrs./wk (June 1 – July 31, 2024) on a research project? Yes ___ No ___

Are you committed to any other summer internship for 2024? Yes ___ No ___

Are you enrolled in 2024 summer classes from 8:00 AM – 5:00 PM? Yes ___ No ___

Your academic and career goals after graduation: _____

Did you participate in summer 2023 research? Yes ___ No ___

If yes, please provide a brief title of your project, research mentor, and place of research:

Did you receive MSEIP-RISE stipends in spring 2024? Yes ___ / No ___

Do you have a mentor? Yes ___ No ___

If yes, mentor's name and discipline: _____

Research Topic: _____

Student Signature

Date

In signing this form, you validated the accuracy of the information given above. Any incorrect information could result in your dismissal from the program without further notice.

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APPLICANT: Complete this section only. Type or legibly print all information requested. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials.

Recommendation Form

Applicant

Name _____ Year in school _____
Last First Middle

SID N/U _____ Major _____

Recommender

Name _____ Department _____

Title _____

Institution _____

Acquaintance with Applicant

1. I have known this applicant for a period of ___ years and/or ___ months
2. I have known this applicant as: ___ a student; ___ other (specify) _____
3. I have served as this applicant's: ___ teacher/instructor; ___ mentor; other (specify) _____

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Academic performance							
Dependability							
Ability to work independently							
Ability to tutor (Biology, Chemistry, Math, Physics) circle applicable subject(s)							
Communication skills							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to tutoring ability.

Signature of Evaluator _____ Date _____