

**UNIVERSITY OF FLORIDA
APPLICATION FOR UNDERGRADUATE RESEARCH INTERNSHIP IN
PLANT MOLECULAR AND CELLULAR BIOLOGY**

This program is available for undergraduate students who have completed at least two years of undergraduate work. This form and all the necessary enclosures are to be mailed to PMCB Program Graduate Coordinator, Box 110690, University of Florida, Gainesville, FL 32611

Name of applicant: _____
LAST FIRST MIDDLE

Present Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

Permanent Address: _____
NUMBER AND STREET CITY STATE ZIP CODE

Home Phone: () _____ Work Phone: () _____ E-mail _____

Sex Male Female

Birthplace _____ Birthdate _____ Nation of Citizenship _____
MO. DAY YEAR

Social Security Number _____ Physical Handicaps _____

List below three faculty members who are familiar with your work and have been asked to send letters of recommendation on the standard form directly to the PMCB Program.

	Name	Institution
1. _____		
2. _____		
3. _____		

Note: Three letters on the standard form are required; at least one letter should refer to your most recent studies. Additional informal letters may also be submitted if the applicant so wishes.

Undergraduate Record:

Institutions Attended	Dept. and/ or Major	Date entered	Date Left	Degree Received

Grade point average for all work attempted in undergraduate career, computed on basis of one credit hour of A=4, of B=3, of C=2, of D=1, of E=0: _____ for _____ hours.

Enclose copies of transcripts for all undergraduate work to date.

On a separate page: (1) Write in a short essay any additional qualifications which you may have for the appointment you are seeking. Include such items as employment experience, research writing, laboratory experience, inventions, and other skills, so far as they are relevant. (2) Give a brief description of your plans after completing your undergraduate degree.

I certify that all of the above is accurate to the best of my knowledge

SIGNATURE OF APPLICANT DATE