

**Application for Practicum in Biotechnology
Internship
(Summer 2014)**

Application Check List

✓ **Mark :**

- 1. Completed Application Form
- 2. One copy of Attested/Unofficial transcripts from current University
- 3. Proof of current student status in a University/College
- 4. Two letters of Recommendation from current Faculty
- 5. 750 word goal statement related to your interest in Biotechnology
- 6. Completed curriculum vitae with Colored Photograph

International Students Only: Must also complete steps 7-8

- 7. Completed Original Financial Statement Form
- 8. Completed Original Statement of Commitment Form
- 9. Foreign students must have proof of valid passport/visa

Note:

- i) Read all instructions carefully
- ii) Include this checklist along with your completed application.

**Application for Practicum in Biotechnology
Internship
(Summer 2014)**

All fields required

**Send Completed Applications to: Practicum in Biotechnology, IUP Research
Institute 1179 Grant Street, Suite 1 Indiana, PA 15701, USA**

Complete all portions using Black Pen and in Upper Case Letters

First Name _____ Applicants Email* _____

Last Name _____ Home Phone _____

Address 1 _____ Cell Phone _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

*Email is our primary form of communication. Please inform of any change in your email address after application submission

Mr. Ms.

Citizenship US Citizen US Permanent Resident International Student

College or University _____ Major _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Entering Grade in fall 2013 Sophomore Junior Senior Semesters _____

Program Costs: Choose **One**

**Cost: \$ 950 (Program Cost \$600) + \$ 350 Food and Stay (Estimate)
Off campus Housing and Dinning (on your own)...Contact Dr. N. Bharathan**

**Cost: \$2,350 (Program Cost \$600) + \$ 50/day Food and Stay (Estimate)
(University Housing and Dinning subsidized)**

Program Date: June 2 – July 3, 2014 (tentative)

- **Completed Application and 50% payment must be postmarked and/or received by December 15, 2013.**

*****Full fee is due by **January 15, 2014**

***** Withdrawal before February 1, 2014 (Full refund).

*****After February 1, 2014 (No refund).

- **Were you ever convicted of a felony?**

Yes

No

*(If yes, additional information will be sent to you)

- **Employment /Internship---History (attach photocopies as evidence)**

Employer/internship _____

Position: _____ Inclusive Dates: _____

Foreign Languages Read/Spoken, Computer Language, Proficiency: _____

Fellowships, Scholarships, Academic Honors Received – List and Dates: _____

List in chronological order all **science/relevant** courses completed/year attended and Institution. An attested copy of transcripts/ mark sheets is required. Must have attained at least 60% or above equivalent in qualifying courses.

○ **Undergraduate:**

Semester /Year	Course	Course	Course	Course	Course	GPA	Institution
1							
2							
3							
4							
5							
6							
7							

○ Goal Statement

Enter your personal statement describing why you want to attend the Biotechnology Training program. Maximum words (750) Attach additional sheet.

○ Letters of Recommendation: Two letters of recommendation from the faculty attesting your educational qualifications and research capabilities.

I understand that any misrepresentation of facts on this application will be cause for refusal or cancellation of my admission to the Training Program.

Applicant's name: _____

Applicant's Signature: _____ **Date:** _____

Certification: I certify that the information given on this application is complete and accurate.

Please Sign

Student Signature _____ Date: (mm/dd/yy) _____

***Students–** By signing above. I hereby agree that I am 18 years or older. I am also indicating my agreement to all the terms and conditions of the enrollment listed on the website and upon this application.

After completing the application, please email, fax, or mail to the address below:

Biotechnology Summer Internship Program (2014)**IUP Research Institute****1179 Grant Street, Suite 1****Indiana, PA 15701, USA**research-institute@iup.edu

Phone: 724-357-2223

Fax: 724-357-7697

○ Payment: Checks can be made payable to the IUP Research Institute. Please mail in check with application or pay by phone with credit card (we accept MasterCard and Visa). To pay by phone call 724-357-2223. Space is limited, so please note that we cannot hold your son/daughter's slot until payment, application, and medical authorization forms have been received.

International Students : Must complete both the Financial Statement and Statement of Commitment forms attached below on pages 5 and 6

Financial Statement FORM

1. **Family Name /First Name: (student)** _____

2. **Current mailing address** _____

3. **Country of citizenship:** _____ 4. **Date of birth (dd/mm/yr):** _____

5. **Gender** **Male** **Female**

6. **Sponsor's name (Self/Guardian/ Father /Mother):** _____

7. **Occupation (Guardian/ Father /Mother):** _____

Certification of Applicant: I hereby certify that the information given on this form is complete and accurate. If not, I recognize the right of Indiana University of Pennsylvania to cancel my admission for Practical Training in Biotechnology Program

Applicant Print Name: _____

Signature of Applicant: _____ **Date:** _____

Certification of Guardian/ Parents: I hereby certify that the information on this form is complete and accurate.

Guardian/ Parent Print Name: _____

Signature of Guardian/ Parent: _____ **Date:** _____

Make all Checks payable in US Dollars to IUP Research Institute Summer Biotechnology Program.

STATEMENT OF COMMITMENT

All Foreign nationals must have appropriate visa and financial commitment. I understand that I must have appropriate health, life, and property insurance, and if such insurance policies lapse, I recognize that no liability rests with institution, its agents, or servants.

NAME OF STUDENT: _____

STUDENT SIGNATURE: _____ **DATE:** _____

I recognize that in Pennsylvania, an individual is considered a minor until the age of 18. Since Pennsylvania laws apply to this agreement, this document is signed by myself (parent or legal guardian) and student, and is binding upon both of us.

NAME PARENT/LEGAL GUARDIAN: _____

PARENT/LEGAL GUARDIAN

SIGNATURE: _____ **DATE:** _____