

NATIONAL INSTITUTES OF HEALTH
MINORITY ACCESS TO RESEARCH CAREERS (MARC)
UNDERGRADUATE HONORS RESEARCH TRAINING PROGRAM
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Date of Application: _____

Birthdate and Place: _____

U.S. Citizen: _____ Permanent Resident (give visa symbol and number): _____

Social Security No.: _____ e-mail: _____

Ethnicity: (check one)

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Chicano(a)/Latino(a) |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> American Indian/Native American; Tribe _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |

High School, Location, and Year of Graduation: _____

Present Class Level: (check one) Freshman Sophomore Junior Senior

Expected Date of Graduation (B.S. or B.A.): _____

Major Department and Degree Objective: _____

Overall Grade Point Average (A=4.0, B=3.0, etc.): _____

Grade Point Average in Science/Math Courses: _____

Previous Experience in Research or Related Areas:

Provide a statement citing your reasons why you wish to participate in this research training program:

Post Graduation Plans:

Names and addresses of two faculty members whom you have asked to submit letters of recommendation on your behalf (Please have them use the attached faculty recommendation forms.):

1. _____

2. _____

