



**The University of Chicago**  
**Post-baccalaureate Research Education Program (PREP)**

**Name:** Last First Initial **Gender:**  Male  Female

**Social Security Number:** - -  U.S. citizen  Permanent Resident

**Date of Birth:** / / **Place of Birth:**

**Current Address:** City: State: Zip: Country:

**Permanent Address:** City: State: Zip: Country:

**Current Telephone:** ( ) - **Permanent Telephone:** ( ) -

**Email address:** **Ethnicity:**

**Ethnicity:**  African American  Mexican American/Chicano  
 Alaska Native  Puerto Rican  
 American Indian  Multi-racial  
 Hispanic (please specify)  Other

**Undergraduate Institution:** **Date Entered:** / / **Graduation Date:** / /

**Undergraduate Major:** **Overall GPA:** **Major GPA:**

**Honors and Awards:**

Date Received	Honors and Awards
/ /	
/ /	
/ /	

**Have you ever participated in a summer research program?**  Yes  No  
 If yes, please list program(s) and dates, research area(s), institution(s) and advisor(s):

Program	Dates	Research Areas	Institution	Advisors
	/ /			
	/ /			
	/ /			

**What graduate degree(s) are you interested in pursuing?**  Ph.D.  Other (Please specify)

**Which area(s) are you interested in?**

- Biomedical Sciences (Cancer Biology, Immunology, Microbiology, Nutrition, Pathogenesis)
- Genetics (Genomics, Human Genetics, Systems Biology)
- Molecular Biosciences (Biochemistry, Cell Biology, Developmental Biology, Molecular Biology)
- Neurosciences (Neurobiology, Computation, Behavioral)
- Other: \_\_\_\_\_

/ / \_\_\_\_\_  
 Date Signature

**Personal Statement:**

Please provide a personal statement on separate sheet(s) (1-2 pages) and include the following topics:

- A description of the research area or a specific project you would like to participate in under the auspices of this program.
- Please describe any prior experience that qualifies you to undertake such research (coursework, previous research experience, etc.).
- Describe of your career objectives and how a research experience would help you in this pursuit.

**Transcripts and Letters of Reference:** Please request 3 faculty members to complete the Faculty Recommendation Form and arrange for an official transcript of your university-level work to be sent to:

Dr. Nancy B. Schwartz  
Department of Pediatrics, MC 5058  
University of Chicago  
5841 S. Maryland Ave.  
Chicago, IL 60637