HOWARD HUGHES MEDICAL INSTITUTE FELLOWSHIP

Application Form

Application process:

- Complete all items on this Application Form
- Complete and sign the Acknowledgement & Release Form
- Order an official transcript from the registrar
- Send project proposal via email to "Undergraduate Research"

Submit a paper copy of all materials – <u>including</u> proposal – to the Office of Undergraduate Advising and Research: 110 Wentworth Hall, HB 6201

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PERSONAL INFORMATION

Name: _____ _____ _____
First **Middle** **Last**

Home Address: _____

Class: _____ **HB:** _____ **GPA:** _____ **OPTIONAL: Gender** ☐ Male ☐ Female

OPTIONAL: Race/ethnic group (check ALL that apply):

☐ American Indian or Alaska native ☐ Hispanic or Latino ☐ Asian
☐ Native Hawaiian or other Pacific Islander ☐ Black/African American ☐ White

Social Security Number: _____ **Student ID Number:** _____

Citizenship: _____ **Residency Status (if NOT a U.S. Citizen):** _____

If you are not a US citizen or permanent resident: Visa type: _____

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PROJECT INFORMATION

Project Title: _____

Research advisor: _____ _____ **Department:** _____ **HB:** _____
First **Last**

Term(s) of research (specify year and term, for example: 08F, 09W, etc.): _____

The proposal should be one page, single-spaced, and address:

1. **What is the project (describe this in your own words – do not cut and paste from something your research advisor has written)**
2. **What is your role in the project**
3. **How would the HHMI fellowship fit into your academic and career goals**

When submitting this proposal via email, include "HHMI" in the subject line. Send email to:

<u>Undergraduate.Research@Dartmouth.edu</u>

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Returned signed and completed form to the Office of Undergraduate Advising and Research, HB 6201
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