

APPLICATION FOR SUMMER RESEARCH PROJECT

PLEASE PRINT OR TYPE. RETURN COMPLETED FORM TO MS. NATALIE KENT (address below). **IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN THE SPONSOR'S APPROVAL AND SIGNATURE.** PLEASE INFORM THIS OFFICE OF ANY ADDRESS CHANGE AT PHONE:(251)461-1548 OR FAX (251)460-6073.

STUDENT NAME: _____

YEAR: _____ Incoming Freshman _____ Rising Sophomore

SSN#: _____

STUDENT#: _____

PHONE#: _____

STUDENT EMAIL
ADDRESS: _____

ADDRESS: _____

PROJECT REQUESTED: _____

SPONSOR'S NAME: _____

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF SPONSOR: _____ DATE: _____

Send this completed form to: Ms. Natalie Kent
University of South Alabama
College of Medicine
CSAB 170
Mobile, AL 36688-0002
Fax#: 251-460-6073

APPLICATION DEADLINE IS MAY 1, 2009