JACKSON STATE UNIVERSITY
COLLEGE OF SCIENCE, ENGINEERING AND TECHNOLOGY
SCIENCE AND TECHNOLOGY ACCESS TO RESEARCH AND GRADUATE EDUCATION (STARGE) SUMMER RESEARCH PROGRAM

APPLICATION FOR ADMISSION Date: ___/___/___

Instructions: (i) Type or print legibly, (ii) Submit the following: (a) Name and telephone number of three references, (b) three letters of recommendation (c) copy of your ACT/SAT score, (d) copy of your transcript, and (d) Student statement describing your career goals and your motivation for wanting to participate in this program. This application and all requested material must be submitted before the deadline or the application will not be processed. Application Deadline: April 6, 2007

Name:_____ SSN:_____
Last First M.I.

Gender: Male_____ Female_____ Race:_____
(*Optional)*

Home/Permanent Address:_____
No. & Street

_____ Tel. No._____
City, State, Zip Code

Date of Birth:_____ ACT/SAT Score:_____ High School G.P.A._____

Name of High School:_____

Address_____ Phone No._____
No. & Street

_____
City, State, Zip Code

You must be attending JSU in the Fall and majoring in a STEM discipline in order to participate in this program.

Anticipated Major:_____

Expected Date of Graduation:_____ Major Area(s) of Research Interests:_____

Honors, Awards, Fellowships Received: _____

_____

Clubs, Groups, and Other Organizations_____

_____

_____

Briefly describe your participation in science activities in and out of school (e.g., clubs, science fairs, etc.):_____

_____

_____

Student Statement: In 200 words or less, please indicate your career goals, why you wish to participate in this program, and how you believe you will benefit from your experience in this program. Please attach additional sheets if needed.

_____

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_____

Name, Address, and Telephone Number of three references: Please send letters of recommendation with your application.

1. _____

_____

_____ Tel. No. _____

2. _____

_____

_____ Tel. No. _____

3. _____

_____

_____ Tel. No._____

Mother's Name_____ Father's Name_____

Mailing Address_____ Mailing Address_____

No. & Street No. & Street

_____ _____

City & State City & State

Tel. No._____ Tel. No._____

In case of an emergency, please call_____ at _____.

Applicant's Signature:_____

Please submit all requested information to:

Dr. Abdul K. Mohamed, Project Director
College of Science, Engineering and Technology
Jackson State University
P.O. Box 18750
Jackson, MS 39217
Phone: (601) 979-2155
Fax: (601) 979-4227
E-mail: sherrill.whitfield@jsums.edu
Website: www.jsums.edu/~sst/cset/stargeindex.htm

THIS APPLICATION WILL BE CONSIDERED INCOMPLETE IF ALL REQUESTED MATERIALS ARE NOT RECEIVED.