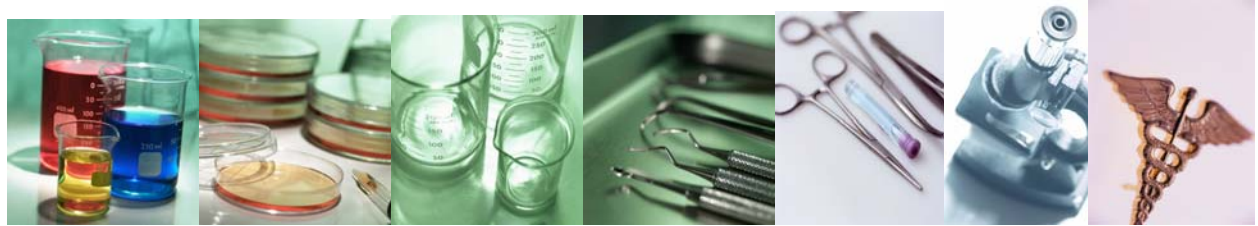


**UNIVERSITY OF CONNECTICUT  
SCHOOL OF MEDICINE  
SCHOOL OF DENTAL MEDICINE**

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**College Undergraduate Summer Fellowship Program in  
Research & Clinical Shadowing**



*College Undergraduate Summer Fellowship Program Application*  
The University of Connecticut Health Center  
Office of Student Affairs  
Farmington Connecticut 06030-1905

**Deadline for application: March 15th**

College Undergraduate Summer Fellowship Research Program  
The University of Connecticut Health Center  
*June to August*

**Description**

The University of Connecticut School of Medicine and Dental Medicine College Summer Fellowship Program is designed to offer undergraduates who are completing their sophomore, or preferably their junior year of college, and plan to pursue a career as a MD, DMD, MD/PhD, or DMD/PhD, an opportunity to participate in the research activities of a laboratory at the School of Medicine or Dental Medicine under the direction of a faculty member. The purpose of the program is to provide a research enrichment experience and some exposure to clinical medicine or dental medicine. This program is for college **undergraduates ONLY** – graduates or those currently enrolled in any graduate program are **not** eligible.

**Qualifications**

Applicants should have completed some college coursework in biology and chemistry (preferably through organic chemistry). Previous laboratory experience is desirable. Applicants must submit an application, official transcript, standardized test scores, and two letters of recommendation. A **\$30 application fee** is also required which must be paid online using the following weblink (<https://enrollmentfees.uchc.edu/MedAppFees.html>). Cash will be accepted for payment.

**Admission**

Acceptance to the program is not contingent upon finding a research laboratory or faculty sponsor in advance. Accepted applicants will be given direction as to finding a laboratory and sponsor once they are accepted. It is the responsibility of the accepted applicant to secure a laboratory and faculty sponsor by the start of the program. Accepted students should meet with their faculty sponsor and develop a research protocol within the first 1-2 weeks of the program. The student will commit approximately 30 hours per week to the project for 10 weeks. Approximately 4-6 hours per week are set aside for clinical experience and seminars.

**Training**

It is expected that each student will work on a research project either independently or in collaboration with other members of the laboratory and will become actively involved in the laboratory program. There will be opportunities for the trainees to interact with the faculty member directing the research, as well as graduate students and post doctoral fellows working in the same and other laboratories. Weekly seminars at the Health Center given by faculty will be available to students enrolled in the program. During the last day of the program, students will be required to present their work by describing their research accomplishments and discussing the significance of their findings by participating in a poster session.

**Support**

Each student participant will be paid a salary of \$2,500 to \$3,000 depending on funding support. Students will be responsible for travel, meals, housing and other incidental expenses. There may be some positions available for which there is no financial support. If you are interested in being considered for these positions as well, please indicate this on the application.

## Housing

Securing housing and any housing expenses for the duration of the program are the responsibilities of the applicant. *Assistance* in locating off-campus housing is provided.

## Location

The University of Connecticut Health Center houses the School of Medicine, the School of Dental Medicine and a division of the Graduate School. Located in Farmington, just seven miles west of Hartford and midway between Boston and New York, the Health Center is built atop a hill with panoramic views of rural hills and the Hartford skyline. The school, set in a quiet suburban area, has all of the outdoor recreational opportunities and vestiges of small-town life, yet with the excitement of a city less than 10 minutes away.

## How to Apply

Interested students must complete and submit:

- ◆ Application form
- ◆ \$30 application fee paid online via website (<https://enrollmentfees.uhc.edu/MedAppFees.html>)
- ◆ 2 letters of recommendation
- ◆ Copies of standardized test scores (GRE, SAT, or ACT)
- ◆ Official undergraduate transcript/s

\***Letters of recommendation** can be sent to the address below directly from the person writing the letter, or sent by the applicant but the letter should be sealed in an envelope by the person who wrote it. If letters must be sent by email, then they must be sent directly from the email account of whomever is writing the letter for the applicant. (It is recommended that you ask academic faculty to write letters on your behalf *if possible*.)

\***SAT scores** must be provided. Your scores can be obtained from your high school, or an unofficial copy can be accessed online from the College Board website ([www.collegeboard.com](http://www.collegeboard.com)) and mailed by the applicant, or forwarded via email from the website by the applicant.

\***Sealed official transcripts** should be sent by your university or by the applicant but *must remain sealed*.

\***Application materials** and documents *can* be mailed separately if necessary.

**Completed application and all supporting documents should be sent to:**

**UConn Health Center  
College Summer Fellowship Program  
263 Farmington Avenue  
Farmington, CT 06030-1905**

## Notification of Acceptance to Program

Admissions decisions will be sent to applicants by email.

The University of Connecticut  
Schools of Medicine and Dental Medicine

Stipend Positions Only \_\_\_\_\_  
Volunteer Positions \_\_\_\_\_

College Summer Fellowship Research Program

Name of Applicant \_\_\_\_\_ S.S.# \_\_\_\_\_  
Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Applicant Cell Ph# (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Ph# (\_\_\_\_) \_\_\_\_\_  
Applicant E-mail address \_\_\_\_\_



High School \_\_\_\_\_  
College/University \_\_\_\_\_ Campus Address \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Expected Date of Graduation \_\_\_\_\_

Expected to begin graduate studies for MD DMD MD/PhD in year \_\_\_\_\_  
Standardized test scores: SAT Math \_\_\_\_\_ Verbal \_\_\_\_\_ Total \_\_\_\_\_ ACT \_\_\_\_\_  
GRE \_\_\_\_\_ College Science GPA \_\_\_\_\_ College Overall GPA \_\_\_\_\_



*Faculty submitting recommendation letters on your behalf:*

Faculty 1 \_\_\_\_\_ Faculty 2 \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_  
Univ.-Dept. \_\_\_\_\_ Univ.-Dept. \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_



Please identify 3 areas of **clinical** interest. 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Ethnicity:** African American Asian American Caucasian American Mexican American  
Native American Puerto Rican Hispanic/Latino Other \_\_\_\_\_

**Citizenship:** U.S. Citizen U.S. Permanent Resident Other \_\_\_\_\_

**\*When notified of acceptance,** instructions as to how to find available research positions will be given.

