UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
SCHOOL OF DENTAL MEDICINE

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.uchc.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) 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

College Summer Fellowship Research Program

Name of Applicant ___________________________  S.S.#  ________________________
Home Address __________________________________ Date of Birth ______________ Age:
City/State/Zip __________________________________________________________________________
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.

The University of Connecticut
Explain your career plans and your reasons for applying to this program. Indicate all areas of clinical and research interest and describe any research experience, and (undergraduate) courses or laboratory work that have stimulated your interest in research and/or have best prepared you for this program. (Please type or print neatly).

Signature ________________________________________ Date ______________________________