

# IMSD Pre-Research Group Application

Please print and return this form to: Office for Diversity in Science Training; University of Kansas; 1200 Sunnyside Avenue; Room 1002A, Haworth Hall; Lawrence, KS 66045-7534. Phone Number: (785) 864-3641.

## Applicant Information:

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

7-Digit KU Student Number: \_\_\_\_\_

KU Email: \_\_\_\_\_

Non-KU Email: \_\_\_\_\_

Are you a citizen of the United States? (Y/N): \_\_\_\_\_

Did you Transfer to KU from another institution? (Y/N): \_\_\_\_\_

If yes, please list the institution(s) attended previously:

Current major(s); area(s) of concentration:

Current Class (please circle): *Freshman* *Sophomore* *Junior* *Senior*

Are you interested in:

Graduate School  Medical School  Other: \_\_\_\_\_

What are your career goals?

## Additional Information (Check all that apply):

- I am interested in research in a biomedically related field.
- I am a first generation college student.
- I would like to be considered for the Multicultural Scholars Program.

## Race or Ethnicity (Please check all that apply):

- American Indian / Native Alaskan; please specify tribal affiliation: \_\_\_\_\_
- Black (Non-Hispanic)
- Asian American
- Pacific Islander
- Latino(a)/Chicano(a)/Hispanic
- Other (please specify): \_\_\_\_\_