



# MISSISSIPPI STATE UNIVERSITY™ COLLEGE OF VETERINARY MEDICINE

## Summer Research Experience Program

**Applicant Name:**  I currently attend Mississippi State University:  Yes  No

If no, specify the veterinary college you attend:

Class of  MSU Net Id:  MSU Id Number:

### Personal Contact Information:

Mailing Address:

Telephone Number:  Email:

### Degree Information:

Please check previous degree(s). Individuals with a PhD degree are not eligible for this program.

BS or BA Year Received:  Major field of study:

MS Year Received:  Major field of study:

Undergraduate Institution:

What was your undergraduate GPA?  What is your current GPA in the DVM program?

Please check here if you are a MSU Bardsley Scholar.

I am also considering applying for a surgery tech position.  Yes  No

I am considering the study abroad program and am enrolled in CVM 6991. I am interested in the international SRE program.  Yes  No

Are you considering working toward a graduate degree (MS or PhD)?  Yes  No  Unsure

Please comment on your plans:

### Recommendation Letters:

REQUIRED. Provide the name of one professional who can evaluate your work ethic, interpersonal skills, potential as a summer research scholar, and who can comment on your interest in research. We request their written letter of recommendation be sent to Ms. Stephanie Huffman, Summer Research Experience Program, Office of Research and Graduate Studies (R2008), PO Box 6100, Mississippi State, MS 39762 or [huffman@cvm.msstate.edu](mailto:huffman@cvm.msstate.edu). **Letters are due in our office by February 1.** Indicate person providing recommendation here.

Name:

OPTIONAL. If students have identified a mentor with whom they would like to work, the potential mentor can provide a short letter of intent to accept the student into their laboratory, pending student acceptance into the program. Students can also indicate their interest in a specific mentor even without the letter of intent, although students are encouraged to contact the mentor before filling in the blank. Indicate potential mentor's name here. Students are NOT required to fill in this blank and providing a mentor name does **not** guarantee acceptance into the program. **Please note that the optional letter of potential mentorship CANNOT replace a letter of recommendation and students should not ask the potential mentor for the letter of recommendation.**

Name:

**Research Opportunities:**

Please indicate the research area(s) in which you would be interested in working. Please prioritize your choices with 1 being your highest priority or first choice.

- Clinical/Translational Research
- Toxicology/Biomedical Research (including animal models for human disease)
- Food Safety (including epidemiological approaches)
- Infectious Diseases (bacteriology, immunology, parasitology, and virology)

Have you had prior research experience?  Yes  No

If yes, please briefly explain.

Use space to provide the following information:

Why are you interested in the Summer Research Experience program and what do you expect to gain/accomplish from it? Why are you an outstanding candidate for the Summer Research Experience program? Expand on your areas of research interest.

Return completed application to Stephanie Huffman at [huffman@cvm.msstate.edu](mailto:huffman@cvm.msstate.edu) or mail to Summer Research Experience Program, College of Veterinary Medicine, Office of Research and Graduate Studies (R2008), PO Box 6100, Mississippi State, MS 39762.

Applications are due by February 1<sup>st</sup> in the year in which you are applying.