MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF VETERINARY MEDICINE

Vet Med Research Scholars (VMRS) Summer Program Application

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

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

Please comment on your plans:

_____

Research Opportunities:

Please indicate the research area(s) in which you would be interested in working using numbers 1-4 to indicate level of interest (1 being most interested).

☐ Clinical/Translational Research

☐ Toxicology/Biomedical Research (including animal models for human disease)

☐ Population Medicine (including antimicrobial stewardship)

☐ Infectious Diseases (bacteriology, immunology, parasitology, and virology)

Have you had prior research experience? ☐ Yes ☐ No

If yes, briefly describe your research project(s). Include the primary goal(s) of the work, your role on the project, and whether and how the results were disseminated (abstracts, presentations, manuscripts either in preparation or published). If more than project, describe them separately.

Tell us why you are interested in the VMRS Summer Program. Include what you expect to gain/accomplish from the program and what makes you an outstanding candidate. Also, expand on your research interests based on what you selected as your top priority in the list above. Finally, provide an example of a time when you worked on a team, whether in research or from your clinical experiences, in which you had a challenge that you had to overcome.

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 Paige Fleming: bpf14@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:

Return email completed application to Paige Fleming: bpf14@msstate.edu. Applications are due by February 1st in the year in which you are applying.