

Please submit unofficial college transcript(s) for each degree you are working towards or have earned. For courses you will take this academic year that are not included on your transcript, please list them (include course, term, year)

Statement of Purpose:

Please provide a brief description of your career objectives and why you would like to attend the Pre-MSTP Summer Program (100 word maximum)

Please provide a brief description of your past/present research experiences. (500 word maximum)

Do you have a particular clinical interest, e.g., Internal Medicine, Surgery, Pediatrics, Ob/Gyn, Psychiatry, Neurology, Not sure?

In what areas of research are you interested?

If you come from an educational, cultural or geographic background that is underrepresented in the sciences please explain or describe.

If you have experienced financial hardship as a result of family economic circumstances please explain or describe.

Two letters of recommendation are required. These should be sent directly to the address below. Please give the names of 2 faculty members who will write your recommendations.

NAME	TITLE	INSTITUTION	EMAIL

You may include an optional third letter from an organization where you did volunteer work. Please give the name of the third recommender below (if you have one).

NAME	TITLE	INSTITUTION	EMAIL

Application, transcripts and two letters of recommendation (signed and submitted directly from your recommenders) can be faxed, mailed or emailed to:

University of Michigan
Medical Scientist Training Program
1150 West Medical Center Drive
2965 Taubman Medical Library
Ann Arbor, MI 48109-5619
Phone: 734-764-6176
Fax: 734-764-8180
Email: mstp@umich.edu

APPLICANTS SELECTED AS FINALISTS FOR THE PRE-MSTP PROGRAM WILL BE CALLED TO PARTICIPATE IN A PHONE INTERVIEW.

DEADLINE FOR RECEIPT OF ALL APPLICATION MATERIALS IS FEBRUARY 12, 2011