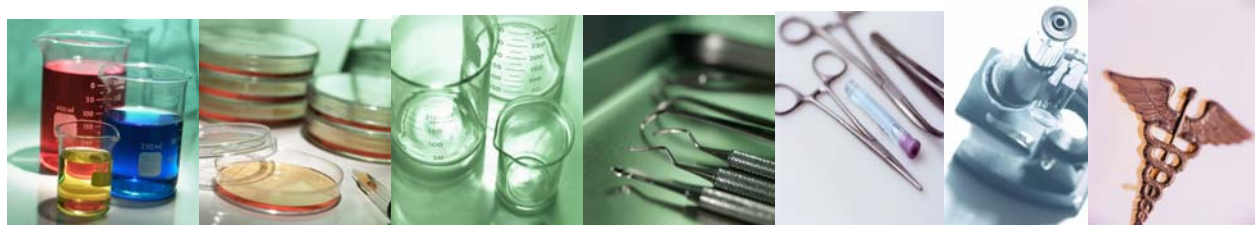


**UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE
SCHOOL OF DENTAL MEDICINE**

**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 06030-1829
Phone: (860) 679-2487

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 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>). No 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 week of the program, students will be required to present their work to the other participants and their faculty advisors. They will also have to write an abstract describing their research accomplishments and discussing the significance of their findings.

Support

Each student participant will be paid a salary of \$2,500 to \$3,000 depending on time and commitment and/or 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 these positions, please indicate on the application.

Housing

Securing housing and any housing expenses for the duration of the program are the responsibilities of the applicant. *Guidance* 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.uhc.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 (to Tracy Dieli) 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 to Tracy Dieli.

***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 and should be sent to Tracy Dieli's attention.

Inquiries should be directed to Tracy Dieli at (860) 679-2487 or e-mail at dieli@uchc.edu.

Completed application and all supporting documents should be sent to:

**UConn Health Center
College Summer Fellowship Program
ATTN: Tracy Dieli
263 Farmington Avenue
Farmington, CT 06030-1829**

Notification of Acceptance to Program

Letters informing applicants of admissions decisions will be emailed no later than April 30.

The University of Connecticut
Schools of Medicine and Dental Medicine

Stipend Positions Only _____
Volunteer Positions _____

College Summer Fellowship Research Program

Name of Applicant _____ S.S.# _____

Home Address _____ Date of Birth _____ Age: _____

City/State/Zip _____ Applicant Cell Ph# (____) _____

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.

