

**CHICAGO REGION PHYSICAL SCIENCES-ONCOLOGY CENTER SUMMER
RESEARCH PROGRAM APPLICATION**

Name: _____

Current Address: _____

Permanent Address: _____

Cell Phone #: _____ Permanent Telephone #: _____

E-mail: _____ Social Security Number: _____

Undergraduate Institution: _____

Major: _____ GPA: _____ Expected Date of Graduation: _____

Are you a:

U.S. citizen? _____ Yes _____ No Permanent Resident? _____ Yes _____ No

Please select the PS-OC Research Project in which you are most interested:

1: Ionic Modulation of Chromatin
3Nuclei, Chromosomes & Chromatin

2: Molecular Modulation of Chromatin &
Nuclear Structure

Birth Date: _____ Male _____ Female

Current Year at Northwestern: Freshman Sophomore Junior

Current Academic Goal: Medical School Graduate School Undecided

Contact Information for Faculty References (two are required):

1)Name: _____ Title: _____

Department: _____ Phone: _____ E-mail: _____

2)Name: _____ Title: _____

Department: _____ Phone: _____ E-mail: _____

Additional Materials: 1)Statement of Research Interests, Experience & Career Goals

2)College Transcripts 3)Two Letters of Recommendation

Send Application Materials to: schallma@northwestern.edu

Benette Phillips, Ph.D.
Robert H. Lurie Comprehensive Cancer Center
Olson 8350
Northwestern University
303 E. Chicago Avenue
Chicago, Illinois 60611

APPLICATION DEADLINE: March 1st, 2017