

# EXPRESS SCIENCE PROGRAM

University of Missouri-Columbia

Office of Undergraduate Research  
150 Life Sciences Center  
University of Missouri  
Columbia, MO 65211-7310  
www.lsurop.missouri.edu/express

## APPLICATION

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ DATE: \_\_\_\_\_

**Please check one:**

U.S. Citizen: \_\_\_\_\_

Permanent Resident: \_\_\_\_\_

## PERSONAL INFORMATION

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GENDER: \_\_\_\_\_

ETHNICITY:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American/ Alaskan Native
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Other: _____		

## SCHOOL INFORMATION

MU STUDENT ID #: \_\_\_\_\_ INTENDED COLLEGE MAJOR: \_\_\_\_\_

CAMPUS ADDRESS (IF KNOWN): \_\_\_\_\_

PHONE #: \_\_\_\_\_

MU EMAIL: \_\_\_\_\_

YEAR IN SCHOOL  
(FALL 2007):

<input type="checkbox"/>	Freshman
<input type="checkbox"/>	Sophomore
<input type="checkbox"/>	Junior/Transfer

Please describe your career goals you are considering: \_\_\_\_\_

### What are your educational degree goals? (mark all that apply)

<input type="checkbox"/>	Bachelors (BA/BS)
<input type="checkbox"/>	Masters (MA/MS)
<input type="checkbox"/>	Doctorate (PhD)
<input type="checkbox"/>	Medicine (MD)
<input type="checkbox"/>	Vet Medicine (DVM)
<input type="checkbox"/>	Other Health Profession (i.e. dentistry, podiatry)
<input type="checkbox"/>	Business (MBA)
<input type="checkbox"/>	Law School
<input type="checkbox"/>	Other: _____

### What fields of scientific research are you interested in?

<input type="checkbox"/>	Animal Sciences
<input type="checkbox"/>	Plant Biology
<input type="checkbox"/>	Chemistry
<input type="checkbox"/>	Biochemistry
<input type="checkbox"/>	Genetics
<input type="checkbox"/>	Molecular & Cell Biology
<input type="checkbox"/>	Ecology/Evolution
<input type="checkbox"/>	Conservation Biology
<input type="checkbox"/>	Biomedical Sciences
<input type="checkbox"/>	Bio Engineering
<input type="checkbox"/>	Other: _____

**Please complete short essay questions on reverse side of this sheet and return this form and attached material via mail or fax to:**

Alisa Warren, EXPRESS Program  
150 Bond Life Sciences Center,  
University of Missouri-Columbia  
Columbia, MO 65211-7310  
Fax: (573) 884-9395  
Email: warrenal@missouri.edu

TURN OVER FOR ESSAY  
QUESTIONS 

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## APPLICATION (continued...)

Please answer the following questions. Attach an additional sheet if needed. Please put your name on attached sheet.

1.) *Please describe any previous lab or research experience you may have.*

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continued on attached sheet

2.) *What three goals do you have for this semester?*

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continued on attached sheet

3.) *Briefly tell us why you are interested in working in research. (4-5 sentences)*

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continued on attached sheet

4.) *Please list the strengths you have that you think may be helpful to you in research.*

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continued on attached sheet

### **Please return this form and attached materials to:**

Alisa Warren--EXPRESS program, 150 Bond Life Sciences Center, University of Missouri-Columbia, Columbia, MO 65211-7310  
Fax: (573) 884-9395 | Email: WarrenAl@missouri.edu

Review of application will begin July 9th. Applications will continue to be accepted on a space-available basis until August 29th.  
The first EXPRESS meeting is scheduled for August 29th.