2016 Summer Research Experience Program (SREP)

Introduction & Purpose: This laboratory research program is designed for those BMS Graduate Students who have an interest in biomedical research careers. It is a 10-12 week experience in a mentoring Faculty member’s research lab. The Faculty member or his/her Department will provide half of the $2,500 stipend with the School of Medicine’s Office of Biomedical Graduate Programs providing the other half. The student will have an opportunity to learn and use cutting edge technology in biomedical research in, for example, cell culture, electrophoresis, chromatography, immunoassay, animal surgery, electrophysiology, neurochemical assay, and protein and nucleic acid molecular biology, in such diverse fields as:

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<tr>
<th>- Anatomy &amp; Cell Biology</th>
<th>- Molecular Genetics &amp; Genomics</th>
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<td>- Biochemistry and Molecular Biology</td>
<td>- Pathology</td>
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<td>- Cancer Biology</td>
<td>- Pharmacology</td>
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<td>- Immunology and Microbiology</td>
<td>- Physiology</td>
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Eligibility Requirement: Current BMS students in good academic standing.

Duration & Number: May or June – August, 2016 (10-12 weeks minimum). Up to Four (4) Fellowships will be awarded.

Salary: $2,500 ($1,250 from Research Mentor & $1,250 from the Office of Biomedical Graduate Programs) for a minimum of 10 weeks.

Application Deadline: **Friday, March 4, 2016** for SREP and Mentor Applications (below)

Instructions & Applications: Please type or PRINT NEATLY. It is extremely important that all information submitted be legible so it can be properly processed.

Research Mentor: Each SREP Applicant must have a Research Mentor who is willing and able to provide lab space, supplies and half of the stipend support ($1,250) for the duration of the research. The Office of Biomedical Graduate Programs will provide matching support. Below is the Application Form (Word .doc) which must be completed and returned by email no later than **Friday, March 4, 2016**. You can also bring the application to our office (1128 Scott Hall).

Award Announcement: The SREP Award will be announced in the first week of April, 2016.

Research Report: A brief report on each project must be submitted to the Office of Biomedical Graduate Programs (1128 Scott Hall) by 5 September 2016.

NOTE: The project is encouraged to be presented at the next Graduate Student Research Day in September, 2016.

For more information, contact:
Dr. George S. Brush, BMS Program Director
WSU School of Medicine
1128 Scott Hall
Phones: 313-577-1455
brushg@med.wayne.edu or bcannon@med.wayne.edu
2016 Summer Research Experience Program (SREP) Application Form (for BMS Students ONLY)

Return application materials to: Wayne State University School of Medicine, Office of Biomedical Graduate Programs
1128 Scott Hall, 540 E. Canfield Ave., Detroit, Michigan 48201

DEADLINE: Friday, March 4, 2016

A. Background Information
Name (Last, First, MI) _______________________________________________ WSU ID:___________________
Mailing Address ___________________________________________________
____________________________________________________________________
Email: _____________________________________________
____________________________________________________________________
Day Phone Number ___________________________ Evening _____________________________

B. Previous Laboratory Experience:

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<tr>
<th>Dates</th>
<th>Employer (Name and Address)</th>
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C. Possible Research Mentor

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<tr>
<th>Department</th>
<th>Phone</th>
<th>Email Address</th>
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D. Areas of Interest
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

E. Attach a letter/memo from research mentor indicating his/her willingness to support the research & ½ your stipend.

F. Statement of Intent: In the space below, indicate your reason(s) for seeking this type of training.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

G. Signature. I certify that the information given in this application is true to the best of my knowledge.

Applicant’s Signature _______________________________ Date __________________