

Lourdes Center for Public Health
Student Program Application

Name:	First	Middle	Last
Address:			
City		State	Zip
Phone Number	Home	Mobile	
Email			

Educational Background

High School			
Undergraduate School			
Graduation Year	Major		
Graduate School (if applicable)			
Graduation Year	Program		

Interested in:	Research Assistantship	<input type="checkbox"/>	Summer Institute (due March 1 st)	<input type="checkbox"/>	Individual Research Project	<input type="checkbox"/>
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Please provide a brief synopsis of your academic background and field/research experience:

Please provide a list of your athletic, extracurricular or professional activities and interests:

Lourdes Center for Public Health
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Why do you want to work with the Lourdes Center for Public Health?

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Area(s) of Interest for research:

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For Research Assistantship/Summer Institute Application

What project(s) from the current list of Research Opportunities would you like to pursue?

1.

2.

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Student Program Application

Academic/Professional References (three are required)				
Name	Relationship			How Long Known?
Address	State	Zip	Phone	Email
Name	Relationship			How Long Known?
Address	State	Zip	Phone	Email
Name	Relationship			How Long Known?
Address	State	Zip	Phone	Email
Name	Relationship			How Long Known?
Address	State	Zip	Phone	Email

Letters of Recommendation are also encouraged.

Lourdes Center for Public Health
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This page is only required for those interested in an individual research project.

Individual Research Project			
Please indicate what type of academic requirement this research project will help to fill:			
<input type="checkbox"/>	Undergraduate Thesis		
<input type="checkbox"/>	Masters Thesis		
<input type="checkbox"/>	Capstone Course project		
<input type="checkbox"/>	Other, please explain:		
Project Summary			
Please provide a brief description of your project idea and objectives			
Academic Advisor	Name		
	Office phone		Other
	Email		
Thesis Advisor (if applicable)	Name		
	Office Phone		
	Email:		Other

This page is only required for those interested in an individual research project.

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