

**Supplies for Graduate and Undergraduate Students in laboratories not sponsored by INBRE DRPP**

**Application Form**

**A. GENERAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Night

e-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Ethnic Origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizenship Yes ( ) No ( ) Permanent Resident Yes ( ) No ( )

**B. EDUCATIONAL BACKGROUND**

When did you start your graduate or undergraduate studies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Program are you enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which University/ campus are you enrolled in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. ADDITIONAL DOCUMENTS**

The following documents are to be submitted with your application in order to be considered:

1. Research Proposal (3-page limit)

2. Official transcripts from undergraduate or graduate institution.

3. One letter of recommendation from the research faculty mentor (use the form included).

Please send form to:

Dr. Jose F. Rodriguez Orengo Dr. Ida Mejias

STCE-INBRE Director SCTE-INBRE

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