

Research Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you currently attending medical school? YES NO

If yes, please list school, year and research interest: _____

Please write a short personal vision statement _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please provide at least one professional or academic reference.

Full Name: _____ Relationship: _____

Institution: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Institution: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Institution: _____ Phone: _____
Address: _____

Previous Research Experience

Institution: _____ Phone: _____
Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Institution: _____ Phone: _____
Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Your signature indicates your approval for us to check references. The research department is not obligated to provide placement, nor are you obligated to accept the position offered. The Research Department of LESS Institute of Florida does not discriminate because of age, race, national origin, gender or sexual preference.

Signature: _____ Date: _____