

New Mexico IDeA Networks of Biomedical Research Excellence (NM-INBRE)

Funded by the Institutional Development Award (IDeA), National Institutes of Health (NIH)



NISE-PREP Student Application NM-INBRE Summer Experience (NISE)

The **complete NISE application** will consist of

- I. Personal details
- II. Personal Statement
- III. Agreement to Terms of Participation
- IV. Copy of your academic transcript (official or unofficial)

PROGRAM DETAILS

The NISE-PREP program is an intensive summer research experience that specifically targets Undergraduate students at all of the NM-INBRE network institutions.

The ideal participating student is entering the sophomore or junior year of undergraduate study, interested in learning more about careers in biomedical research, and **has not previously worked in a research lab.**

Upon selection, students will be matched with a mentor at their home institution, develop a proposal for the research experience, and conduct a 8-week summer research project. Faculty mentors will provide research related guidance to their student mentees. The summer work experience will conclude in a presentation of results at a research symposium, held during the last week of July.

TIME COMMITMENT DURING THE SUMMER

Please note the time commitment to the NISE Program is extensive. Students must be available for full-time employment, including some evening and weekend activities. Participants are not permitted to enroll or participate in additional programs and/or courses if selected to participate in the NISE Program.

PROGRAM DATES

Beginning *no later* than June 1, 2020 through the last week of July 2020. Additional days may be required by your institution.

ELIGIBILITY

Students must show proof of U.S. citizenship or permanent residency status. Full-time summer availability (not enrolled in summer coursework).

I. PERSONAL DETAILS

Current Contact Information

First Name Middle Initial Last Name

Postal Address
Street City State Zip

Preferred Phone (include area code):
Email (most frequently checked)

Permanent Address (if different from above)
Street City State Zip

Emergency Contacts

Name of person to contact in case of emergency during the summer
Contact name: Phone

Personal Information

Academics

Student ID or enrollment number
Undergraduate Institution (next fall)
Expected Graduation Date (month/year) (for example: Jun 2020)

Academic Rank next Fall

- Sophomore
- Junior
- Senior
- Post-baccalaureate graduate student
- Accepted to graduate program

Eligible to work in the U.S. (can provide documentation) Yes No

Previous Experiences

Beyond laboratory coursework, do you have experience conducting research?
Yes No

IF yes, please describe:

Summer Research Experience

If you do not know which research faculty member or group you would like to work with this summer, please check this box → and skip to the next question

If you have a preference for working with a specific faculty member(s), please indicate who they are (this does not guarantee placement, but helps us understand your interests):

Name of Faculty Researcher	Research Interest Area	Has this faculty member agreed to work with you?	
		Yes	No
		Yes	No
		Yes	No

Please select **ALL** the groups you are **uncomfortable** working with:

- Animals (ex. amphibians, birds, fish, insects, mammals, reptiles, etc.)
- Infectious Agents (some viruses, bacteria, fungi, protozoa, multicellular parasites, etc)
- Human Patients
- Animal or human tissue (including blood)
- None. I am comfortable working with all groups related to research.
- I am uncomfortable working with the following unlisted group(s):
- I am allergic to:

II. STATEMENT OF PURPOSE

Personal statement (1 page)

Please state your reasons for applying to this program. Most importantly, tell us why you want to do research, and how this research experience relates to your personal and professional goals. Describe any experiences that may qualify you to participate in such research and any additional information that will help us evaluate your preparation and ability to succeed. If you have encountered challenges that have affected your educational career, either positively or negatively, please let us know about those. Also, please discuss how your prior life experiences (in academia, professional, volunteer, etc) show your dedication to the pursuit of advanced degrees in the sciences. Finally, please discuss your plans after graduating from your undergraduate program. Do you plan to obtain a Master’s, PhD, or MD degree or attend another professional school (dental, pharmacy, veterinary, technical career etc), or try to find a full-time job? (Tip: write your statement in a word-processing document and paste it in the box on the following page).

STATEMENT OF PURPOSE

III. Agreement – Terms of Participation

By submitting this application,

- You affirm that the facts set forth in it are true and complete and
- You agree to the following below

Other obligations during the Summer: The time commitment to the NISE Program is extensive. Students must be available for fulltime employment, including some evening and weekend activities. Participants are **NOT** permitted to enroll or participate in additional programs and/or courses if selected to participate in the NISE Program.

You agree as follows:

- I authorize the NISE Program or its associates to check my references, academic information, and background.
- If selected, I understand it is my responsibility to attend all NISE functions and educational activities.
- I commit to full-time work in the NISE program and will not enroll in summer courses or other work obligations.
- I will provide all requested information.
- I understand that **all NISE activities are mandatory**, unless specified otherwise, and that failure to comply with program guidelines may jeopardize my summer employment and pay.
- Further, if accepted, my employment will be funded by the National Institutes of Health, a federal agency that requires information about my career and education status and for a minimum of 5 years following my participation in the program in exchange for this career-building opportunity.

Do you AGREE to the terms above? Yes No

How did you hear about this program?

- An instructor/professor at my college or university
- An advisor at my college or university
- A friend who participated in a summer research program previously
which program?
- Website
- Program announcement
- Other _____

IV. Academic Transcript

Please provide a copy of your academic transcript, in PDF format to your institutional Liaison (listed on the following page). You may provide an official or unofficial copy.

NISE PROGRAM CONTACTS

Please contact the Liaison at your home institution for questions about how to submit the application and required transcript. Liaison contacts for each participating institution appear below.

NM-INBRE Member Institution	Institutional Liaison	Contact Info
Eastern New Mexico University	John Montgomery	John.Montgomery@enmu.edu
New Mexico Highlands University	Ian Williamson	iwilliamson@nmhu.edu
New Mexico State University	Ryan Ashley	nminbre@nmsu.edu
New Mexico Tech	Snežna Rogelj	Snezna.Rogelj@nmt.edu
Northern New Mexico College	Ivan Lopez	ilopez@nnmc.edu
San Juan College	Eric Miller	millere@sanjuancollege.edu
University of New Mexico, Main Campus	Jeremy Edwards	jsedwards@salud.unm.edu
University of New Mexico, Health Sciences Center	Bill Shuttleworth	BShuttleworth@salud.unm.edu
Western New Mexico University	Jeff Hill	jeffrey.hill@wnmu.edu

Additional Questions about the NISE Program or problems with the application form should be directed to nminbre@nmsu.edu