

**Summer Research Fellowships
in
Neuroscience
Application Form 2025**

A. Please Type or Print in Black Ink

Name _____
Last Middle First

Campus Address _____

Home Address _____

City _____ State _____ ZIP _____

Campus Phone Number (____) _____ Email _____

Home Phone Number (____) _____

College _____ (*CM, HM, PO, PI, SC*) Year _____ (*FR, SO, JR, SR*)

Major _____ Expected Graduation Year _____

Type of fellowship for which you are applying? (Please check): Standard ___
Underrepresented groups: ___

B. Please indicate your chosen fellowship placement sites from the placement list ranked in order of preference.

Name of Placement Supervisor

Institution

1. _____

2. _____

3. _____

4. _____

5. _____

When you would like to begin your research?

Month Day

C. If your choice is NOT on the placement list please provide the following information:

Name & Address of Proposed Site:

Institution Department

Address

City State/ZIP Country

Name of Principal Investigator or Supervisor:

Last First

Principal Investigator or Supervisor's Contact Information:

Phone

Email

Briefly describe the principal investigator's research program (attach an extra page if necessary). Do not exceed 750 words:

Has the principal investigator or supervisor agreed to accept you as a summer research student? Yes_____ No_____

When you would like to begin your summer research?

Month Day

D. References (please provide names, addresses, phone numbers and emails of TWO people who are familiar with your work and that can judge your performance):

1. Name

Address

In what capacity do you know the above referee?

Phone_____ Email_____

2. Name

Address

In what capacity do you know the above referee?

Phone _____ Email _____

PLEASE NOTE: Two referees who are familiar with the applicant's work should provide a recommendation letter using institutional letterhead and fill out the confidential reference checklist form provided with the application. The completed recommendation letter and form should be enclosed in a sealed envelope with the referee's signature on the back flap. Please include as part of your application materials or have him/her mail the form to the following address:

Tom Borowski
Pitzer College
1050 North Mills Ave.
Claremont CA 91711

Email submissions will be accepted provided that an institutional email address is used.

Be sure to submit one copy of this application, your resume or CV, academic transcripts, and a brief statement of your research interests and goals. Applications are due **Monday, February 24th, 2025**. Please send the completed application to thomas_borowski@pitzer.edu

Student Signature _____

Date _____