



2017 SUMMER UNDERGRADUATE NEUROSCIENCE (S.U.N.) PROGRAM
 Louisiana State University Health Sciences Center
 NEUROSCIENCE CENTER OF EXCELLENCE

Last Name First Name Middle Initial

Mailing Address:

Street
 City State Zip

Home Address (if different from above):

Street
 City State Zip

Home Phone Cell or School Phone DOB
Month/Day/Year

Birthplace Major Minor

Expected Date of Graduation
Month/Day/Year

College Year: Freshman Sophomore
 Junior Senior

Educational History (begin with most recent):

Name of School	City/State	Country	From	To	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been suspended for scholastic deficiency or disciplinary reasons from any college or university? Yes No SSN #
If yes, give the name of the institution and the date:
 Date of Graduation
Month/Day/Year

Have you ever performed laboratory research? Yes No

If yes, please list the location and describe your work:

Please tell us why you would like to join our program (a few paragraphs).

Name, Address, Country

Emergency Contact:

Relationship:

Emergency Contact:
Home Phone

Emergency Contact:
Cell Phone

Emergency Contact:
Work Phone

Your Name and Signature

Application Date

Month/Day/Year

Your Email Address

Please save this form as a blank PDF to your computer, then fill it in and save the file using your name before you mail the PDF back to us. You may attach a PDF of your CV or resumé to the email you are sending to us. Please send your email to BChiap@lsuhsc.edu.

The S.U.N. Program mailing address is below.

**S.U.N. Program c/o Brenda Chiappinelli
LSUHSC Neuroscience Center of Excellence
2020 Gravier Street, 8th Floor, Suite 836, New Orleans, LA 70112**