**2004 SUMMER UNDERGRADUATE NEUROSCIENCE (SUN) PROGRAM**
**Louisiana State University Health Sciences Center**
**NEUROSCIENCE CENTER OF EXCELLENCE**

**Application for Admission**

---

**Name:** _____
**Last** **First** **Middle**

**Mailing Address:**

_____
**street address** **city** **state** **zip code**

**Home Address (if different from above):**

_____
**street address** **city** **state** **zip code**

**Phone: Home** _____**School/cell phone** _____

**Social Security Number:**_____ **Email address:**_____

**Date of Birth:** _____/_____/_____
**month / day / year**

**College Year: Freshman Sophomore Junior Senior**

**Major:**_____ **Minor:**_____

**Date of graduation:**_____

**Educational History (begin with most recent)**

| Name of School | City/State | Country | From | To | Degree |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**Have you ever been suspended for scholastic deficiency or disciplinary reasons from any college or university? Yes No**

**If yes, give the name of the institution and the date:**_____

**Have you ever performed laboratory research? Yes No**

**If yes, please list location and describe work:**

_____

_____

**Emergency Contact:**

_____

**name** **relationship**

_____

**street address** **city** **state** **zip code**

**Emergency Contact Phone numbers:**

_____

**home** **work** **cell phone**

**Signature:**_____ **Date:**_____

2/10/04