

STUDENT APPLICATION

Summer Research Training Program 2024

Complete application due **electronically**
By **5 pm March 1, 2024**

Name: _____

Class Year: _____

Potential interest in the dual DVM/PhD or DVM/MS program:

YES _____ NO _____

Potential Faculty Member	Rank	Date of meeting with Potential Faculty Mentor

* Please see program website for a list of potential faculty mentors and descriptions of their research. Rank faculty mentors in order of preference.

I give my permission for the Program Selection Committee to utilize my Oklahoma State application file and transcripts for evaluation of my application to this program.

Signature: _____ Date: _____

Essay:

Please attach an essay (one page single spaced maximum) describing why you want to participate in this program and how you expect it to contribute to your career. The essay should include specific ideas regarding how research training would further your specific goals, and an outline describing how you plan to pursue a research career. The selection committee will use the essays together with academic records to select the program participants.

Curriculum Vitae (CV)/Resume:

Please include a copy of your CV/Resume with your application. For guidance on how to generate a CV/Resume, please consider reaching out to your official faculty advisor or another faculty member in the OSU CVM. The CV/Resume is an opportunity for students to highlight previous professional experiences that may be valuable in the summer research program.

For outside/extramural applications ONLY:

Applicants from outside Oklahoma State University may send their application to the following address for receipt by Wednesday, March 1, 2024. To be considered, please make sure you attach an **official transcript** is attached to your application.

Please send applications to:

Cindy Martens

Email: vetmedsp@okstate.edu



**Oklahoma State University
College of Veterinary Medicine**



**Summer Research Training Program (SRTP)
Student Profile**

SRTP Year: _____ OSU CWID: _____

Name (Last, First, Middle): _____

Email Address: _____

Country of Origin: _____

Racial/Ethnic Background: _____

Citizenship (Check One): ☐ US Citizen/Noncitizen National ☐ Non-US Citizen

Disability? (Check One) ☐ Yes ☐ No If Yes, _____

From a Disadvantaged Background? (Check One) ☐ Yes ☐ No ☐ Do Not Wish to Provide

Educational Background

Bachelor Degree (Check One): ☐ BA ☐ BS Other: _____ Year Earned: _____

Major: _____

College/University: _____

Location: _____

Undergraduate GPA: _____

DVM Degree: ☐ Check if Admitted or Enrolled

Projected DVM Completion Date (MM/YYYY) _____

College/University: _____

Dual Degree Program? (Check One) ☐ Yes ☐ No If Yes, What Degrees? _____

GRE Scores:

Verbal: _____ Quantitative: _____ BIO: _____ Total GRE Score: _____

Signature: _____