



# 2012 SOT Undergraduate Toxicology Education Program Award Student Application

## Area for Student to Complete.

|  |  |  |                         |                               |                    |    |
|--|--|--|-------------------------|-------------------------------|--------------------|----|
| First Name   |  | Middle   |                         | Last Name                     |                    |    |
| Citizenship  |  | U.S. Citizen                                   | U.S. Permanent Resident | Neither                       | Place of birth     |    |
| Academic Institution   |  |  | Major                   |                               |                    |    |
| Currently classified as  |  | Sophomore                                      | Junior                  | Senior                        | Other: (specify)   |    |
| Cumulative GPA   |  | Expected Date of Graduation                    |                         |                               |                    |    |
| Mailing Address  |  | <b>Current/residence at school</b>             |                         | <b>Permanent/Home Address</b> |                    |    |
| Address 1  |  | Check if same as current address               |                         |                               |                    |    |
| Address 2  |  |  |                         |                               |                    |    |
| City   |  |  |                         |                               |                    |    |
| State  |  | Zip  |                         | Zip                           |                    |    |
| Phone  |  | Phone  |                         |                               |                    |    |
| Cell Phone   |  |  |                         |                               |                    |    |
| E-mail   |  |  |                         |                               |                    |    |
| Person at <b>permanent</b> address who will always know where you are  |  |  |                         | Name                          |                    |    |
|  |  |  |                         | E-mail                        |                    |    |
| Permission for SOT to release your name and address as a student interested in toxicology  |  |  |                         |                               | Yes                | No |
| Permission for SOT to take photos of me during the meeting for SOT's noncommercial use in any and all media, if I should be accepted |  |  |                         |                               | Yes                | No |
| I am a first generation college student (neither of my parents graduated from four-year institution)                                 |  |  |                         |                               | Yes                | No |
| Racial background (for program demographics)   |  | African American                               | Asian or Asian American |                               | Hispanic or Latino |    |
|  |  | Native American including Alaskan and Hawaiian |                         | White                         | Other:             |    |
| Gender (for program demographics and housing)  |  |  | Male                    | Female                        |                    |    |

Please indicate your level of interest in pursuing the following degrees by putting one "√" in each row

| Degree                    | 0              | 1 | 2 | 3                   | 4 | 5               |
|---------------------------|----------------|---|---|---------------------|---|-----------------|
|                           | Not Interested |   |   | Somewhat Interested |   | Very Interested |
| Ph.D.                     |                |   |   |                     |   |                 |
| M.S.                      |                |   |   |                     |   |                 |
| M.D.                      |                |   |   |                     |   |                 |
| D.V.M.                    |                |   |   |                     |   |                 |
| M.D./Ph.D. or D.V.M./Ph.D |                |   |   |                     |   |                 |

Add a statement about your career objectives, how they relate to toxicology and how you feel attendance at this meeting will help you, in the space below, limited to 250 words (or 2000 characters).

Applicant's signature

Date:

Applicant's should name this file [your last name]\_UTE\_app. You will e-mail this file plus an electronic copy of your transcript(s) including current semester enrollment to your advisor. Ask the advisor to complete the space below the reference letter and the Institutional Cover sheet. The advisor will e-mail all the applications from your institution to arrive at SOT by midnight EST on October 9, 2011.

**Area for Advisor to complete.** Please submit one letter of recommendation for each student nominated.

|              |     |        |  |  |
|--------------|-----|--------|--|--|
| Advisor Name |     |        |  |  |
| Address 1    |     |        |  |  |
| Address 2    |     |        |  |  |
| City         |     |        |  |  |
| State        | Zip |        |  |  |
| Phone        | FAX | E-mail |  |  |

Enter the letter of recommendation below.

Signature of Advisor

Date