



Application Form
School of Public Health
UM ADAPT Research Program



APPLICATION FORM

(Please fill and answer all questions completely. Submit to hagberg@umd.edu)

CONTACT INFORMATION

- 1. Name:
2. Date of Birth:
3. Current Address:
4. Current City:
5. Current State
6. Current Zip
7. Permanent Address:
8. Permanent City:
9. Perm. State
10. Perm. Zip
11. Home phone:
12. Work phone:
13. Cell phone:
14. Email 1:
15. Email 2:

IDENTIFYING INFORMATION

- 16. Gender: Female Male
17. Are you a first generation college student? Yes No
18. Maryland Resident: Yes No
19. U.S. Citizen: Yes No
Permanent Resident Alien: Yes No
International Student (F1): Yes No
International Student (J1): Yes No

Race / Ethnicity (Self-Identification) Please answer question #20 AND question #21 below:

- 20. Self-identification question #20 (please select only ONE)
I am Latino/a or Hispanic
I am not Latino/a or Hispanic

--AND--

- 21. Self-identification question #21 (please select all that apply and specify)
African American/Black (specify )
American Indian/Alaskan Native (Tribal Affiliation )
Asian/Asian American (specify )
Pacific Islander/Native Hawaiian (specify )
White/Caucasian (specify )
Other (specify )

22. Academic Department: \_\_\_\_\_

23. Major \_\_\_\_\_ GPA \_\_\_\_\_

24. Minor \_\_\_\_\_ GPA \_\_\_\_\_

25. Minor \_\_\_\_\_ GPA \_\_\_\_\_

26. Minor \_\_\_\_\_ GPA \_\_\_\_\_

27. Overall GPA \_\_\_\_\_

28. Academic status as of current school year:

Freshman  Sophomore  Other \_\_\_\_\_

29. Expected graduation date: \_\_\_\_\_  
Month Year

30. Have you ever participated in a summer research program?  Yes  No  
If yes, please list:

Program Name	Year(s) of Participation	Research Area
a) _____	_____	_____
b) _____ c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____

31. Have you participated in programs geared to increase underrepresented minorities in sciences or education (e.g. McNair Scholars, REU)?  Yes  No  
If yes, please list:

Program Name	Year(s) of Participation
a) _____	_____
b) _____ c) _____	_____
d) _____	_____
e) _____	_____

### GRADUATE TRAINING PLANS

32. Do you plan to attend graduate school immediately following the completion of your undergraduate program?

Yes  No  Not sure If no or not sure, please describe your post-graduation plans.

33. What is the **highest** degree you are immediately interested in pursuing?

Masters  Ph.D.  M.D.  J.D.  Other \_\_\_\_\_

34. The UM ADAPT program provides for two years including two summer experiences for students interested in research related to the aging population. Would you be committed to two years of research training should you be selected to participate in UM ADAPT?

Yes  No

35. The UM ADAPT program is designed to be an on-campus living and learning, research immersion experience in which students will commit two years to the program and abide by the university and program guidelines for on-campus living and program participation. Are you committed, and able to fully participate in and abide by University of Maryland campus and UM ADAPT program guidelines?

Yes  No

36. List no more than **SIX** institutions you are considering for graduate school.

University	Department	Program
a.		
b.		
c.		
d.		
e.		
f.		

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**INTEREST IN UM ADAPT Program**

37. How did you hear about the UM ADAPT program?

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**I, hereby, certify to the best of my knowledge that all information submitted is complete and correct. I understand that failure to disclose accurate information is grounds for dismissal from the program.**

Print Full Name: \_\_\_\_\_  
Signature (Initials if submitting electronically): \_\_\_\_\_ Date \_\_\_\_\_

**I permit SPH staff to release my name and contact information submitted in this application to other educational institutions that may be interested in contacting me for graduate school or summer research program(s).**

Print Full Name: \_\_\_\_\_  
Signature (Initials if submitting electronically): \_\_\_\_\_ Date \_\_\_\_\_