



Biomedical Research Infrastructure Center
115 South Chestnut St.
Winston-Salem, NC 27101

Pre-Summer Program Survey

Name: _____

Date: _____

Classification: _____

Major: _____

Name of Summer Fellowship: _____

Institution/Sponsor Name: _____

City, State (of Program): _____

Website of Program: _____

Mentor Name and email (if known): _____

When does your summer program begin? (Give exact date) _____

When does your summer program end? (Give exact date) _____

In the event that we need to contact you over the summer, what phone number **and** email address should we use?

Phone #: _____ Email: _____

Please provide the mailing address in which to forward your stipend checks (if applicable).

What sources did you use to obtain information on summer research programs? (check all that apply)

Professors

Bulletin Board

Another Student

Internet

Table at a conference

MARC Colloquium

Other (explain) _____

Do you have any regards/problems about deciding to go away for the summer (such as family, school, or research issues)?

PLEASE SUBMIT A COPY OF YOUR ACCEPTANCE LETTER WITH THIS SURVEY.

Thank you for filling out this survey.

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