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| **Application Form for****Pr**oviding **O**pportunities to **Mi**nority **S**tudents in **S**TEM (***PrOMiSS***) |

**Eligibility**: The applicant must be able to tutor (5 hrs/week) STEM courses and conduct research (10 hrs/week) in STEM fields.

1. **PERSONAL INFORMATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Banner Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:**  \_\_\_\_\_\_\_\_\_\_\_\_

 (First) (Middle) (Last)

**Classification** **[ ]** Sophomore **[ ]** Junior **[ ]** Senior Gender: **[ ]** Female **[ ]** Male

**Declared/Intended Major:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester GPA: \_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current course load in semester hours: \_\_\_\_\_\_\_\_\_\_\_\_

**Address**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment No: \_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity** (check appropriate box:

**[ ]** African American **[ ]** White/Caucasian **[ ]** Asian/Pacific (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** Latino/Hispanic (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[ ]** Native American/American Indian

**[ ]** Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship/Residency:** U.S. Citizen **[ ]** Yes **[ ]** No Permanent Resident **[ ]** Yes **[ ]** No

1. **TUTORING**

List your tutoring preference from the following courses and your availability to meet the requirements for ***PrOMiSS*** stipend. Pick up three (3) by giving preference Ist, 2nd, and 3rd and three (3) days/times.

**STEM courses already taken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIOL 150/150L CHEM 141/142 CHEM 161/162 PHYS 115 PHYS 116 MATH 129 MATH 130**

**[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]**

**Monday Tuesday Wednesday Thursday Friday**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **RESEARCH PLAN**

Select a faculty mentor from ***PrOMiSS*** team for research training and get the permission (sign below).

**[ ]** Natalia Czado **[ ]**  Shirley Chao **[ ]** Ali Siamaki **[ ]** Zhiping Luo **[ ]** Khalid Lodhi

Forensic Trace Evidence Toxicology Catalysis Chemistry Material Science Forensic Biology/DNA

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 SIGNATURE OF APPLICANT DATE SIGNATURE OF FACULTY MENTOR DATE

**OFFICIAL USE ONLY:** DECISION: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Assigned Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days/Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Package Checklist**: **[ ]** Official Transcripts **[ ]** Application **[ ]**  A Letter of Recommendation

Please return your completed application package to:

Dr. Khalid M. Lodhi, (Principal Investigator)

Professor and Director Forensic Science Program

Department of Biological Sciences, STB 322

Fayetteville State University

Fayetteville, NC 28301.

Tel: 910-672-1650

E-mail: klodhi@uncfsu.edu