



UNIVERSITY OF PUERTO RICO  
RIO PIEDRAS CAMPUS  
College of Natural Sciences  
Research Initiative for Scientific Enhancement

SUMMER INTERNSHIP:  
YES \_\_\_\_ NO \_\_\_\_  
Where: \_\_\_\_\_  
When: \_\_\_\_\_

*Undergraduate Application Form*

**SECTION 1: PERSONAL INFORMATION**

Student's Name: \_\_\_\_\_ Birthday & Place: \_\_\_\_\_

Student's ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

U.S. Citizen: \_\_\_\_ Yes \_\_\_\_ No Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Numbers: \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Name of Parent, Guardian, or Spouse: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION 2: ACADEMIC INFORMATION**

1. Undergraduate Information

Proposed Major: \_\_\_\_ Chemistry \_\_\_\_ Biology \_\_\_\_ Other: \_\_\_\_\_

Research Field of Interest: \_\_\_\_\_

Current Years of Studies: \_\_\_\_ GPA: \_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Previous Research Experience (if any): \_\_\_\_\_

\_\_\_\_\_

2. Possible Research Mentors: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**SECTION 3: LETTERS OF RECOMMENDATION**

Recommender's Letters (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Name: \_\_\_\_\_

**Please attach the following documents:**

1. Official transcript (No student's copy)
2. Three letters of recommendation
3. List all school or community based extra-curricular activities in which you are involved. Indicate your role in these organizations.
4. *Statement of career objective:* Please provide an essay (no more than two double spaced pages) describing any previous experience you have in research; discuss the reason why you wish to participate in the RISE Program, and your future plans after complete the BS. In particular, indicate why you should be selected to participate in the RISE Program, what skills and talents you can bring to it, and what you expect to gain from it.

**Please be advised that NO action will be taken on incomplete applications. Return completed application form to:**

Dr. Néstor Carballeira or Dr. Orestes Quesada  
RISE Program  
Facundo Bueso Building (3rd Floor)  
University of Puerto Rico  
Río Piedras Campus  
PO Box 70377  
San Juan, PR 00936-8377

**Signature:**

I, \_\_\_\_\_ certify that the information provided is correct.

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

