**Fall application deadline: April 30th Spring Application Deadline: October 20th**

 **APPLICATION CHECKLIST**:

A complete application must contain the following items, so use this checklist as your guide. Incomplete applications will not be considered.

* Completed application form (see p. 2 for College of Science or p. 3 for Wilkes Honors College students)
	+ *Check here if applying to the FAU-MPHP prior to completing at least 60 college credits*
* Unofficial Transcript
* Faculty Sponsor Verification Form ***Signed by the Sponsor***
	+ *Check here if applying early to the FAU-MPHP (for students applying prior to completing at least 60 college credits, a Faculty Sponsor is not yet required)*
* Statement of Purpose and Credentials
* Letter of recommendation from an FAU faculty member *other than* the Faculty Sponsor. This letter must be signed, sealed, and sent directly to Mr. Glenn Malone (gmalone@fau.edu).
* Résumé (including education, work experience, volunteering, etc.)
* Copy(ies) of your poster presentations or publications, if any - OPTIONAL
* Copy(ies) of any relevant certifications that you hold, if any – OPTIONAL

Please direct questions about the MPHP program to Mr. Glenn Malone (gmalone@fau.edu). Applicants will receive the MPHP Committee’s admission decision via e-mail before classes begin in Fall or Spring (depending upon application semester).

Send all application materials to:

Florida Atlantic University-MHPH

ATTN: Mr. Glenn Malone

Building MC-19, Room 108

John D. MacArthur Campus

5353 Parkside Drive

Jupiter, FL 33458

With my signature below, I certify that the information provided within this application is complete and accurate. In addition, should any of this information change prior to my entry into the FAU Max Planck Honors Program, I pledge to immediately notify Mr. Glenn Malone of those changes.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your College (circle one): College of Science Wilkes Honors College

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

**FAU-MPHP APPLICATION FORM (College of Science)**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Z-NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAU EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMANENT (non-campus) MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_ COUNTRY\_\_\_\_\_\_\_ ZIP CODE or Int’l Postal Code\_\_\_\_\_\_\_\_\_

MOBILE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested MPHP ADMISSION SEMESTER: □ Fall □ Spring Year \_\_\_\_\_\_\_\_\_

MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPECTED GRADUATION (Year and term)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the table below to show completion of prerequisite coursework:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BIOLOGY** | **Grade Lec/Lab** | **NEUROSCIENCE/BEHAVIOR**  | **Grade Lec/Lab** | **PSYCHOLOGY**  | **Grade Lec/Lab** |
| PSY1012  |   | PSY1012  |  | PSY1012 or  |  |
| BSC1011+L  | / | BSC1011+L  | / | BSC1011 or BSC2085  |  |
| BSC1010+L  | / | BSC1010+L  | / | BSC1010 or BSC2086  |  |
| PSY3234 OR STA3173  | / | PSY3234 OR STA3173  |  | PSY3234 OR STA3173  |  |
| CHM2045+L  | / | CHM2045+L  | / | PSY3213  |  |
| CHM2046+L  | / | CHM2046+L  | / |  |  |
| PSB3002 OR CBH4024  |  | PSB3002  |  | PSB3002  |  |
| PCB 3063  |  | PCB 3063  |  | EXP 3505  |  |

List any PROPOSED COURSE EQUIVALANCIES (to be evaluated by the FAU-MPHP Admissions Committee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below any **REMAINING** courses needed to fulfill the acceptance requirements

|  |  |  |
| --- | --- | --- |
| **Prefix/Number** | **Title** | **Grade or In Progress** |
|   |   |   |
|  |  |  |

Name and affiliation of teacher or faculty member

providing recommendation letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAU-MPHP Admissions Committee use only**

THE STUDENT’SRECORDS HAVE BEEN REVIEWED AND THE FOLLOWING DECISION HAS BEEN RENDERED:

Accepted [ ]

Denied [ ]

COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

PRINT NAME MPHP DESIGNATED SIGNER SIGNATURE MPHP DESIGNATED SIGNER DATE

**FAU-MPHP APPLICATION FORM (Wilkes Honors College)**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Z-NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAU EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERMANENT (non-campus) MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_ COUNTRY\_\_\_\_\_\_\_ ZIP CODE or Int’l Postal Code\_\_\_\_\_\_\_\_\_

MOBILE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested MPHP ADMISSION SEMESTER: □ Fall □ Spring Year \_\_\_\_\_\_\_\_\_

CONCENTRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPECTED GRADUATION (Year and term)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the table below to show completion of prerequisite coursework:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BIOLOGY** | **Grade Lec/Lab** | **NEUROSCIENCE**  | **Grade Lec/Lab** | **PSYCHOLOGY**  | **Grade Lec/Lab** | **Biological Chemistry** | **Grade Lec/Lab** |
| BSC1010,L  |  |  | BSC1010,L  |  |  | BSC1010,L  |  |  | BSC1010,L  |  |  |
| BSC1011, L |  |  | PSY1012  |  | PSY1012  |  | CHM2045,L  |  |  |
| CHM2045, 2045L  |  |  | CHM2045, 2045L  |  |  | STA2023; **OR** PSY3234  |  | CHM 2046,L |  |  |
| CHM 2046,L  |  |  | CHM 2046,L  |  |  | STA3164; **OR** PSY4302,L; **OR** MAC2311  |  |  | MAC2311 |  |
| MAC2311  |  | PBC3703,L  |  |  | PBC3703,L; **OR** BSC2084; **OR** PCB3340; **OR** PSB3344  |  |  | STA2023  |  |
| STA2023  |  | STA2023  |  | PCB3063  |  |
| PCB3063 |  | PCB3063  |  |

List any PROPOSED COURSE EQUIVALANCIES (to be evaluated by the FAU-MPHP Admissions Committee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below any **REMAINING** courses needed to fulfill the acceptance requirements

|  |  |  |
| --- | --- | --- |
| **Prefix/Number** | **Title** | **Grade or In Progress** |
|   |   |   |
|  |  |  |

Name and affiliation of teacher or faculty member

providing recommendation letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAU-MPHP Admissions Committee use only**

THE STUDENT’SRECORDS HAVE BEEN REVIEWED AND THE FOLLOWING DECISION HAS BEEN RENDERED:

Accepted [ ]

Denied [ ]

COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

PRINT NAME MPHP DESIGNATED SIGNER SIGNATURE MPHP DESIGNATED SIGNER DATE

# **FAU-MPHP FACULTY SPONSOR VERIFICATION FORM**

# STUDENT APPLICANT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Each participant in the FAU-MPHP program must have a Faculty Sponsor at the start of her/his final two years of college**. That sponsor, typically a neuroscientist, may be from the College of Science, Wilkes Honors College, College of Medicine, or be an FAU affiliate faculty member from the Max Planck Institute for Neuroscience or the Scripps Research Institute. Because the MPHP is a two-year program, **you must secure a faculty sponsor** **by the end of the second week of classes that mark the start of your last four college semesters** (for most students, this will occur in August of your Junior year).

FAU-MPHP students may begin coursework in the Program after completing 60 credits, which should include the pre-requisite courses in their major/concentration listed on the Application Form. Students with strong credentials (national merit finalists, e.g.) may apply to the MPHP program prior to matriculating to FAU’s College of Science or Wilkes Honors College, or after their first year of college. Early acceptance ensures guidance and may result in early access to research opportunities. Students accepted early must complete this form by the deadline noted above.

Students must secure their faculty sponsor **directly.** Each faculty sponsor has a limited capacity of student researchers that can be accommodated in her/his lab at any one time. Each potential sponsor will want to interview you and reserves the right to decline serving as your sponsor. THEREFORE, PLAN AHEAD! Students in the College of Science seeking to secure a sponsor should **contact Mr. Glenn Malone** for support, whereas Wilkes Honors College students should **contact Dr. Monica Maldonado**.

**TO BE COMPLETED BY FACULTY SPONSOR:**

NAME OF SPONSOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE OR INSTITUTE AFFILIATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_

MOBILE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL INVESTIGATOR/LAB SUPERVISOR (if different than Sponsor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE OR GENERAL AREA OF RESEARCH/STUDY WITH SPONSORED STUDENT:

**As Faculty Sponsor, by signing below I agree to sponsor the above-named FAU-MPHP participant by providing the necessary training, mentoring, and funding for research materials.**

**Starting Semester: Fall Spring Year \_\_\_\_\_\_\_\_\_\_**

FACULTY SPONSOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S STATEMENT OF PURPOSE AND CREDENTIALS**

Describe below how participating in the Program will help you achieve your goals and how your participation will benefit the Program’s success (500-word limit).

Describe your applicable training and/or skills (e.g., laboratory techniques, data collection, statistical analysis, computational modeling, bioinformatics, field research, reading peer-reviewed journal articles, presenting research findings, etc.):

In what year do you anticipate graduating? \_\_\_\_\_ In which semester of that year?\_\_\_\_\_\_\_\_\_

List any memberships you currently hold in professional and/or honor societies:

List any honors and/or awards you have received:

List any relevant presentations or publications: