FAU MAX PLANCK HONORS PROGRAM (MPHP)
DEADLINES AND APPLICATION GUIDELINES

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 for 2018-2019 Academic Year
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:

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<th>BIOLOGY</th>
<th>Grade</th>
<th>NEUROSCIENCE/BEHAVIOR</th>
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List any PROPOSED COURSE EQUIVALENCIES (to be evaluated by the FAU-MPHP Admissions Committee)
_____________________________________________________________________________________

List below any REMAINING courses needed to fulfill the acceptance requirements

<table>
<thead>
<tr>
<th>Prefix/Number</th>
<th>Title</th>
<th>Grade or In Progress</th>
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Name and affiliation of teacher or faculty member providing recommendation letter:
_____________________________________________________________________________________

FAU-MPHP Admissions Committee use only

THE STUDENT’S RECORDS 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)_____________

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Accepted ☐    Denied ☐

COMMENTS
____________________________________________________________________________________
____________________________________________________________________________________

_____________________________________ __________________________  __________
PRINT NAME MPHP DESIGNATED SIGNER        SIGNATURE MPHP DESIGNATED SIGNER                DATE
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).

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: