



# New York City Alliance

The City College - Room Y313A  
138th St. & Convent Ave.  
New York, New York 10031

ALLIANCE FOR MINORITY PARTICIPATION IN SCIENCE, ENGINEERING AND MATHEMATICS

## UNDERGRADUATE RESEARCH ASSISTANTSHIP APPLICATION

<b>Check One:</b>
<input type="checkbox"/> New Application
<input type="checkbox"/> Renewal Application
<input type="checkbox"/> Resubmission
<input type="checkbox"/> Summer

Complete all sections of this form. Attach a student copy of your most recent transcript. **Submit the completed application to the AMP activity coordinator on YOUR campus.** Incomplete applications will be returned.

### Student Information

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/Student # \_\_\_\_\_

College \_\_\_\_\_ Department \_\_\_\_\_ Major \_\_\_\_\_

Credits Completed \_\_\_\_\_ Overall GPA \_\_\_\_\_ Degree Sought \_\_\_\_\_ Date Expected \_\_\_\_\_

**AMP undergraduate research assistantships are open to U.S. Citizens or Permanent Residents who are of Black, Hispanic, American Indian, Alaskan Native or Native Pacific Island origin. Please check the category under which you are eligible.**

- African American (Black)
- Hispanic
- Native American
- Native Pacific Islander

Citizenship:  U.S. Citizen (Submit copy of birth certificate or proof of citizenship)  
 Permanent Resident of U.S. (Submit copy of green card)

**In the space below describe your educational background, SEM (Science/Engineering/Mathematics) interest, and career objective(s). You may attach additional sheets if needed. Include previous AMP research experience where appropriate.**

Background:

SEM Interest:

Career Objectives:

If you are involved in any other program in CUNY for which you are receiving a stipend, please state the name of the program and the amount of the stipend.

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**PROPOSED RESEARCH PROJECT**

**Describe in detail the research project on which you will be working with a faculty mentor. *You may attach additional sheets if needed.***

Project Title

Project Description

**Faculty Mentor's Endorsement**

**Briefly describe your role in the proposed research project. State how you will supervise the research activities and work schedule, as well as the number of hours per week the student will work on your project.**

**Briefly comment on the student's ability to complete the proposed research project.**

**Faculty Mentor Information**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

College: \_\_\_\_\_ Dept: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certification**

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

Faculty Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

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*To be completed by Alliance Program Administrator*

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Stipend \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**REMINDER**

Attach a Student Award Data Form, a copy of your social security card and a student copy of your most recent transcript. Deliver the completed application (with attachments) to your AMP campus activities coordinator. If renewal, please submit a copy of your research progress report, using the attached form.

All completed ***original*** applications must be submitted by the campus activities coordinator by ***mail only*** to the AMP office. A copy should be ***mailed*** (not faxed) to Dr. Louise Squitieri.

Revised 10/21/97  
002.4

# RESEARCH PROGRESS REPORT (FOR RENEWAL APPLICATIONS ONLY):

**Previous Research Project Title:**

**Abstract of Previous Research:**

**Current Research Project Title:**

**Abstract of Current Research:**

**Student's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mentor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**College** \_\_\_\_\_ **Dept.** \_\_\_\_\_ **Major** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Mentor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_