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Summer Science Program - Application

Apply online to participate in the Summer Science Program at the Burke Neurological Institute.

Contact Us

burkesummerscience@med.cornell.edu
(mailto:burkesummerscience@med.cor

Faculty Mentors

Personal Information

Full Name *

First Name Middle Name Last Name

Mailing Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number *
 -
Area Code Phone Number

Date of Birth *
 / /
Month Day Year

SUNGHEE CHO, PH.D.
(/CHO-
LAB/PEOPLE/SUNGHEE-
CHO-PHD)

KATHLEEN M. FRIEL, PH.D.
(/FRIEL-
LAB/PEOPLE/KATHLEEN-
M-FRIEL-PHD)

GARY E. GIBSON, PH.D.
(/GIBSON-
LAB/PEOPLE/GARY-E-
GIBSON-PHD)

EDMUND R. HOLLIS II, PH.D.
(/HOLLIS-
LAB/PEOPLE/EDMUND-R-
HOLLIS-II-PHD)

TOMOKO KITAGO, M.D.
(/KITAGO-
LAB/PEOPLE/TOMOKO-
KITAGO-MD)

GLEN PRUSKY, PH.D.
(/PRUSKY-
LAB/PEOPLE/GLEN-
PRUSKY-PHD)

RAJIV R. RATAN, M.D.,
PH.D. (/RATAN-
LAB/PEOPLE/RAJIV-R-

Education

Undergraduate Education

Undergraduate Institution *

Institution Address *
Street Address


Street Address Line 2

City State / Province

Postal / Zip Code

Major *

G.P.A. *

Expected Graduation Date * / / 
Month Day Year

- RATAN-MD-PHD)**
- VIBHU SAHNI, PH.D.**
 (/SAHNI-LAB/PEOPLE/VIBHU-SAHNI-PHD)
- DIANNA E. WILLIS, PH.D.**
 (/WILLIS-LAB/PEOPLE/DIANNA-E-WILLIS-PHD)
- YUTAKA YOSHIDA, PH.D.**
 (/YOSHIDA-LAB/PEOPLE/YUTAKA-YOSHIDA-PHD)
- JIAN ZHONG, PH.D.**
 (/ZHONG-LAB/PEOPLE/JIAN-ZHONG-PHD)

High School Education

High School *


High School Address *
Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

G.P.A. *

Graduation Date * / / 
Month Day Year

Research

Do you have any laboratory research experience outside of organized laboratory courses? *

- Yes No

Do you have any additional funding for the summer that has already been awarded or is pending? *

- Yes No

Do you have experience with statistics or biostatistics? *

- Yes No

Are you planning on applying to graduate/medical school? *

- Yes No

Research Continued

Summer Placement

Indicate your top three choices for summer placement.

Identify specific research programs that match your interest. Select your top three choices for lab/faculty in which you are interested. [Learn more about faculty >](#)

First lab preference *

Second lab preference *

Third lab preference *

Your Experience

Please provide short answers to the following questions so that we can better evaluate your application and find the best potential lab placement for you.

If accepted, what are your goals/expectations for this program? *

Please describe how your previous research experience and/or personal strengths would benefit a research team. *

Is there anything else that you would like to tell us about yourself or your interests? *



Upload Documents

Current Transcript *

no file selected

Obtain and upload a copy of a current transcript, an unofficial student version of your transcript is acceptable. Upload file formats: PDF, DOC, DOCX, JPG, JPEG, PNG or GIF. Size limit: 5000 KB

Resume or C.V. *

no file selected

Upload file formats: PDF, DOC, or DOCX. Size limit: 5000 KB

Letters of Recommendation

Select two faculty/professors to provide recommendation letters for you. The faculty/professor should be able to accurately judge your abilities and motivations.

First Reference

First Referee *

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Degrees

Title

Department

Division

Institution *

Phone Number -
Area Code Phone Number

First Reference Email *
example@example.com

Second Reference

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Degrees

Title

Department

Division

Institution *

Phone Number -
Area Code Phone Number

Second Reference Email *
example@example.com

Authorization & Attestation

Agreement *

- I certify that the information I have given on this application is complete and correct. I understand that my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or revoke my participation in the Summer Student Research Program at the Burke Neurological Institute. I hereby acknowledge that the Burke Neurological Institute may verify the information within this application from sources accessible under law. The Burke Neurological Institute may divulge the contents of the application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am participating, or have participated, as a student research volunteer at the Burke Neurological Institute.

SUBMIT

Please note: If the screen looks blank at the end of the application, scroll up to complete a reCAPTCHA form field. After your application is submitted the page will take you to a thank you page and you will receive a confirmation email.



Helpful Links

- About BNI (/cause/about/about-burke-neurological-institute-bni)
- Research Compliance (/about/research-compliance)
- Terms of Use (/terms-use)
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