**Application for Summer 2019 Rush Medical Center Internship, Independent Study 299**

|  |  |
| --- | --- |
| Name of student | Date |
| Email address (Please list both ccc address and private email address) | Major (if you’ve chosen one) |
| CCC ID# | Cumulative GPA: |
| Science course GPA (Chemistry, Physics, Math, Biology): | |
| Honors courses taken? List them below. | |
| Biology courses (121/226/227/233) taken? List them below. | |

II. Supplemental materials: Please attach these documents with this application form and check

1. Transcripts – Yes ( ) No ( )

Note - Unofficial transcripts or printouts from your web account are accepted.

2. A recommendation letter dated within the last 12 months (see below) Yes ( ) No ( )

3. A personal statement Yes ( ) No ( )

Instructions for personal statement

- Typed and printed (handwritten document is not accepted)

- In 500 – 800 words, write (a) about yourself, (b) past experiences where you overcame academic challenges, and (c) how this internship helps you to achieve your goals.

III. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student’s name), understand that I will be expected to spend at least 6 hours, tentatively on Tuesdays, at Rush and one hour at MXC/online per week from June 4rd to July 23th, if I am accepted into this class. Any unexcused absence from scheduled visits to Rush clinical sites will result in a final grad of F with no exception.

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

(student’s signature) Date

IV. Submission instructions:

The above materials must be submitted, in print or electronic form, to Dr. Huang’s office at 2401-#83 or chuang16@ccc.edu before 5 pm of April 24th 2019.

Finalists may be granted an interviewed. Thank you for your interests!

**Recommendation Form**

Thank you for agreeing to complete this form on behalf of the applicant. Please fill out these following information.

1. Information of the referee:

|  |  |
| --- | --- |
| Name | Position:  Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone # | Address |
| Email: |  |

1. Background information
2. For how long have you known this applicant and in what capacity?

(Note – you were a teacher of this applicant, please list the courses/year you taught this student)

1. Briefly describe your overall impression of this applicant.
2. Applicant ratings: Please rate this applicant compared to other college-bound students in his or her class
3. Academic (Please mark N/A if you did not have the chance to observe)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below average | Not developed | N/A |
| Academic Success |  |  |  |  |  |  |
| Written communication |  |  |  |  |  |  |
| Intellectual curiosity |  |  |  |  |  |  |
| Solve complex problems |  |  |  |  |  |  |
| Quantitative reasoning |  |  |  |  |  |  |

1. Character/personality traits (Please mark N/A if you did not have the chance to observe)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below average | Unsatisfactory | N/A |
| Respect for others |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Leadership/influence |  |  |  |  |  |  |
| Self-disciplined |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |

Your signature indicates that all information on this form is factually true and honestly presented and that you are the person submitting this form.

Signature of instructor Date \_\_\_\_\_\_\_\_\_\_\_\_