

**MILLSAPS COLLEGE
MEDICAL MENTORING STUDENT APPLICATION**

I. Student Information

Student Full Name: _____

Local Phone #: _____ Email Address: _____

Campus Box #: _____ Circle one: Summer 2008 or Fall 2008 Semester

II. Course Requirements

Major: _____ Class Standing (Sr, Jr, So, Fr): _____

GPA: _____

Check all of the following courses which have been completed:

_____ General Chemistry I & II lecture and laboratory

_____ Organic Chemistry I & II lecture and laboratory

_____ Cell Biology

_____ Zoology

_____ Physics I & II lecture and laboratory

III. Faculty Recommendation

List a faculty member who will complete the provided recommendation form.

Name: _____ Phone #: _____

IV. Essay

Write a one page double-spaced essay detailing the reasons why you are interested in participating in the medical mentoring program.

V. Course Schedule

Provide a Summer or Fall course schedule, including times reserved for work-study. You should also indicate several blocks of time, mornings or afternoons when you are available.

VI. Transportation

You must arrange for transportation to the internship location.

VII. Area of Medical Interest

List your areas of interest:

1. _____ 2. _____

Efforts will be made to arrange the internship in your area of interest, however you are expected to commit to the internship regardless of your placement.