

**SUMMER ONCOLOGY RESEARCH PROGRAM
PHYSICIAN ASSISTANT STUDENTS
ROSWELL PARK CANCER INSTITUTE
June 7 through July 30, 2010**

Name: _____

Current Address: _____

City: _____ State _____ Zip: _____

Permanent Address: _____

City: _____ State _____ Zip: _____

e-mail Address: _____ School: _____

Telephone Number: (____) _____ Social Security Number: _____

Date of Birth: _____ Place of Birth _____

Citizenship: _____ Permanent Resident: _____

Race (Optional): _____ Year in School: _____

Please indicate, partial list provided below, three areas you would be interested in studying this summer.

First choice: _____

Second choice: _____

Third choice: _____

Below is a partial listing of areas of study. You are not restricted to these choices. If you are interested in an area that does not appear below, please indicate your choice in the space provided above.

Anesthesiology/Pain Management	Breast Surgery
Cancer Control & Epidemiology	Cell & Molecular Biology
Dentistry/Maxillofacial Prosthetics	Clinical Pharmacology & Therapeutics
Diagnostic Radiology	Dermatology
Gynecologic Oncology	Genetics
Immunology	Laboratory Medicine
Mammography	Medical Oncology
Neurology	Nuclear Medicine
Pathology	Pediatrics
Psychosocial Oncology	Radiation Medicine
Surgical Oncology (indicate area)	Urologic Oncology

I would be interested in conducting research in the following areas (indicate 1st, 2nd or 3rd choice by placing number in the appropriate blank.)

_____ Clinical Research _____ Basic Scientific Research _____ Both

(OVER)

EDUCATIONAL BACKGROUND:

Degree	Institution	Area of Study	Year of Graduation

List Prizes and honors:

Have you ever participated in Summer Research Program? If yes, please give location, dates of participation and areas of research.

Please state your reasons for applying to the Roswell Park Program and what you expect to derive from your participation.

I understand that a research progress report is required at the completion of the program.

Please submit complete application and two letters of recommendation (one letter being from a University official attesting that you are a student in good standing) by February 16, 2010 to:

**Dr. Arthur M. Michalek
Dean & Senior Vice President Educational Affairs
Roswell Park Cancer Institute
Carlton and Elm Streets
Buffalo, NY 14263**