

Department of Emergency Medicine
Basic Science Summer Research Student
Application

First Name:

Last Name:

Email Address:

Phone Number:

Current Address:

City:

State:

Zip:

Alternate Address:

City:

State:

Zip:

Date of Birth:

Are you a current employee of any of the University of Nebraska campuses? Yes No
If yes, which campus?

Are you a current student of any of the University of Nebraska campuses? Yes No
If yes, which campus?

Are you related to any person now employed in the department in which you will be working? Yes No
If yes, please list name, relationship, and title.

Acknowledgment:

I acknowledge the time commitment of 10 weeks/40 hours each week (or otherwise directed by the department) if accepted into the program.

Yes No

I understand that my acceptance, if offered a position, is contingent upon fulfilling all background checks and onboarding requirements including immunizations required by the University of Nebraska Medical Center.

Yes No

Signature

Date

Please include the following documents with application:

- CV/Resumé
- Personal statement, including reason for interest in this summer research program
- Letter of Reference (1)

Please email the completed application and additional documents to Shauna Owens at showens@unmc.edu