Pitt SHRS School of Health and Rehabilitation Sciences

SHRS Undergraduate Student Summer Research Award

Student Application

Name	PeopleSoft ID
Email Address	Phone
Academic Home SHRS Other (Please Specify)	
Academic Department/Program	
Year in School 1 2 3 4 Expected Gr	aduation Year
Academic Advisor	
Have you ever participated in conducting scientific research?	
Yes No	
Are you currently working with a Pitt faculty member on a research project?	
Yes No	
If yes, what is the faculty member's name and affiliation (i.e., what school, laboratory, etc.)	