

Southern University at New Orleans  
Minority Science and Engineering Improvement Program  
Renaissance in STEM Education  
**(SUNO- MSEIP RISE)**

**Application for Summer Undergraduate Research Experiences (SURE) Internship  
at Southern University at New Orleans – 2025**

**Applicant:** Please complete this form and return it along with: (a) **One completed RECOMMENDATION Form** from your professor, preferably from Science and Math disciplines, (b) **250-word Essay** on research interest, and (c) a copy of current transcript. Turn in your **COMPLETE** application to Dr. Murty S. Kambhampati, NSB 363.

**Contacts:** Ds. Murty S. Kambhampati (504-286-5069), Dr. Joe Omojola (504-286-5096), and Dr. Yi Zhen (504-286-5241)

*Please type all sections. If application is not legible or incomplete, it will not be reviewed.*

***Application deadline: 5:00 PM, Wednesday, April 30, 2025***

Name \_\_\_\_\_ SID# N/U  
Last First Middle

Address \_\_\_\_\_  
Number Street

City State Zip Code

Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
MM/DD/YY

Ethnicity: Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Caucasian \_\_\_ Other \_\_\_

Visa Status: US Citizen \_\_\_ US Permanent Resident \_\_\_ Student Visa \_\_\_

Major: Biology \_\_\_ Math \_\_\_ Double major \_\_\_\_\_ (specify) \_\_\_\_\_

Classification: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

GPA: Cumulative \_\_\_\_\_ Major \_\_\_\_\_

Disabilities (please specify with supporting documentation from SUNO's DSS): \_\_\_\_\_

Are you available to work 40 hrs./wk (June 2 – Aug1, 2025) on a research project? Yes \_ No \_

Are you committed to any other summer internship for 2025? Yes \_\_\_ No \_\_\_

Are you enrolled in 2025 summer classes from 8:00 AM – 5:00 PM? Yes \_\_\_ No \_\_\_

Your academic and career goals after graduation: \_\_\_\_\_

Did you participate in summer 2024 research? Yes \_\_\_ No \_\_\_

If yes, please provide a brief title of your project, research mentor, and place of research: \_\_\_\_\_

Did you receive MSEIP-RISE stipends in spring 2025? Yes \_\_\_ / No \_\_\_

Do you have a mentor? Yes \_\_\_ No \_\_\_

If yes, mentor's name and discipline: \_\_\_\_\_

Research Topic: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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In signing this form, you validated the accuracy of the information given above. Any incorrect information could result in your dismissal from the program without further notice.

**APPLICANT:** Complete this section only. Type or legibly print all information requested. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials.

**Recommendation Form**

**Applicant**

Name \_\_\_\_\_ Year in school \_\_\_\_\_  
Last First Middle

SID N/U Major \_\_\_\_\_

**Recommender**

Name \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

**Acquaintance with Applicant**

1. I have known this applicant for a period of \_\_\_\_ years and/or \_\_\_\_ months
2. I have known this applicant as: \_\_\_\_ a student; \_\_\_\_ other (specify) \_\_\_\_\_
3. I have served as this applicant's: \_\_\_\_ teacher/instructor; \_\_\_\_ mentor; other (specify) \_\_\_\_\_

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Academic performance							
Dependability							
Ability to work independently							
Ability to tutor (Biology, Chemistry, Math, Physics) circle applicable subject(s)							
Communication skills							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to tutoring ability.

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

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_