



PRCEN Students Application Form

Annual Research

Summer Undergraduate Research Experience

Name: _____

Permanent address: _____

Telephone: home: _____ cell: _____

Official Email: _____

Place and date of birth: _____

Student ID number: _____

US citizen: yes: _____ no: _____ Soc. Sec. #: _____

Academic Information

College or University: _____

No. of credits (fall semester): _____

Current year studies: _____

Expected graduation date: _____ GPA: _____ GPS: _____

Mayor Field of Study: _____

Which Sub Project are you interested in?

Marine

Rivers

Terrestrial

Evaluation criteria at: <https://www.prcen.org/>

Return completed application and required documents to prcen.rcm@upr.edu

Official transcripts can be delivered to:

Maria A. Sosa

Dept. Anatomy & Neurobiology, Office A561, Main Bldg UPR School of Medicine
PO Box 365067, San Juan P.R. 00936-5067

Be advised that no action can be taken on incomplete applications. An application will be considered complete when **all documents** have been submitted electronically to the proper email address (prcen.rcm@upr.edu).

I, _____ certify that all information
provided here is correct.

Signature: _____ Date: _____