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| **Clemson University Bioengineering Research and Clinical Summer Immersion at Charleston (BEACH), Summer 2024****Application Form****Application Due: March 20, 2024, 11:59 pm****Submission Instruction**: Please complete this **application form** and attach your **one-page resume** to this form as **a single PDF.** Email your application to Dr. Tong Ye (ye7@clemson.edu) by the due date, using “2024 BEACH PROGRAM APPLICATION” in the subject line. You will be notified about the acceptance by March 31, 2024. |

## Applicant Contact Information

|  |  |
| --- | --- |
| Name |  |
| Local Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| School Email Address |  |

## Academic Information and Standing

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| Current School: □ Clemson University □ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If Clemson students, CUID Number: |  |
| Expected Academic Status on May 15, 2024 (check one or two) Current Undergraduate □ Rising Junior or □ Rising Senior with □ Honor  |
| Major, Concentration (Bioelectric/Biomaterials/etc.) |  |
| Department |  |
| Expected Graduation Date (Month/Year) |  |
| In-State or Out-of-State? |  |
| Current GPA |  |
| Good Academic Standing? (Yes/No) |  |
| Did you apply for the BEACH program previously? (Yes/No) |  |

## Needs

### I plan to enroll □ Summer Session I only; □ Summer Session II only; □ Both Summer Sessions. □ Both Summer Sessions to fulfill the department honor degree.

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## Program Interest

### Please summarize why you are interested in participating in the BEACH program.

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## Previous Experience

### Please summarize your previous research and clinical shadowing experiences.

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## Future Goals

### What are your future academic and professional goals, and how do you think the experiences gained through the BEACH program would be applied?

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## Person to Notify this Summer in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Email Address |  |

## Professional/Academic Reference

### Please provide the name and contact details of one professional reference (professor, business, or clinical professional) who can provide a letter of reference for you if requested.

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| --- | --- |
| Name |  |
| Title |  |
| Institution |  |
| Email Address |  |
| Contact Phone Number |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts outlined here are accurate and complete. I confirm that I am available and able to complete the required hours for research and activities in this program at the time of this application. If I am accepted to this program, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Please answer the following questions before you submit your application.**

### Do you have housing available and a reliable means to travel to MUSC in Charleston each day during this program?

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| --- | --- |
| YES | NO |

### I have attached a current 1-page resume to this application.

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| YES | NO |