

**Application for the University of South Carolina's  
Summer Research Program for Undergraduate Psychology Students**

**To apply, follow these steps:**

1. Send an official transcript and ask a faculty member to write a letter of recommendation on your behalf. (Students should have course work in psychological methods and research, as well as a foundation course in their core interest area in psychology).
2. Complete the application on this page and write a one-page statement of your interest in psychological research and a description of your career goals. Please sign application form.
3. Attach the statement to this application and mail to: *SRI, Department of Psychology, University of South Carolina, Columbia, SC 29208*. Deadline for receipt is **February 20, 2009**.

Name: \_\_\_\_\_  
Last
First
Middle

Current Address: \_\_\_\_\_

Current Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Next-of-Kin: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Race/Ethnic Origin: (The Institute actively seeks students from racial or ethnic minorities) \_\_\_\_\_

College or University: \_\_\_\_\_

Present Academic Level: \_\_\_\_\_ Major: \_\_\_\_\_  
(sophomore, junior, senior)

Overall Grade Point Average: \_\_\_\_\_ Psychology Grade Point Average: \_\_\_\_\_

Psychology Courses Completed (by descriptive name):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rank the **four** laboratories in which you are most interested in participating (1 = highest interest). Brief descriptions of each lab are included in application material.

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|---|--|--|
| <b>BEHAVIORAL<br/>NEUROSCIENCE</b><br>___ Basic Neuroscience<br>___ Neuropharmacology & Behavior<br>___ Social Behavior and Fetal Alcohol<br>___ Psychopharmacology | <b>HUMAN<br/>COGNITION</b><br>___ Psycholinguistics and Reasoning<br>___ Perception and Attention<br>___ Reading & Eye Movements<br>___ Judgment and Decision Making | <b>COGNITIVE<br/>NEUROSCIENCE</b><br>___ Cognitive Neuropsychology<br>___ Semantic Processing/Brain<br>___ Neuroscience of Deception |
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Name and telephone number of a faculty member whom you have asked to write a letter of recommendation.

Name of Faculty Member: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Please provide the date upon which you asked your college or university to send us an official transcript: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant Date