



2018 Wellman-HST Summer Institute for Biomedical Optics

The Harvard-MIT Program in Health Sciences & Technology and Wellman Center for Photomedicine Research Experience for undergraduates (REU) site.

Thank you for your interest in the Summer Institute.
Please complete this application form and review the last page for submission instructions.
The postmark deadline to apply for the Summer Institute in Biomedical Optics is January 13, 2018.

Personal Information

Name _____ E-mail _____
Last name First name Middle initial

Current address _____ City, State, Zip _____

Phone _____ Cell Phone _____
Area code Area code

Permanent address _____ City, State, Zip _____

Emergency contact name _____ Relationship _____

Emergency contact phone _____ Your date of birth _____
Area code

Country of citizenship _____ Your place of birth _____

If not a U.S. citizen, do you currently have permanent residency status? Yes No Gender: Male Female

Optional, U.S. citizens only. Please check all ethnicities that apply to you:

- | | |
|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Chicano/Mexican-American |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Native-American | <input type="checkbox"/> Other (please specify) |

Education

Current institution _____ City, State _____

Major _____ Minor, if applicable _____

Overall GPA _____ Institution GPA scale, _____ September 2018 Status Sophomore Junior
i.e., 4.0, 5.0 Senior Grad

Previous undergraduate institution, if any _____ Dates attended _____

Academic honors and awards with dates _____

First generation college student? Yes No

Relevant Courses

Please list the names of relevant graduate and undergraduate courses that have prepared you for the Summer Institute.

Engineering: _____

Chemistry: _____

Biology: _____

Physics: _____

Total number	Total number	Total number	Total number



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Name _____
Last name First name Date

Summer Institute Educational Objectives Cover Sheet
In the space provided below, please describe the following:

- 1) Your educational and career plans
- 2) your current scientific and research interests
- 3) Your reasons for applying to this program
- 4) Your qualifications to participate in the program including any research experience unrelated to coursework that you may have had, such as lab experience or data compilation. If you have had research experience, include the names of faculty or principal investigators, duration of your participation, the larger goals of the research, and your specific role.



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Biomedical Optics Laboratory Preference

For each lab listed below, please check one of the three boxes that matches your interest level in working with that lab. A complete description of each lab is listed at <http://hst.mit.edu/academics/summer-institute/biomedical-optics>

Very Interested	Interested	Not Interested	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Optical coherence tomography (Prof. Brett Bouma, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Coherent anti-stokes Raman scattering microscopy (Prof. Conor Evans, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Optical imaging of photodynamic therapy (Prof. Tayyaba Hasan, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Optical sensors and imaging devices (Prof R. Rox Anderson, MD, WCP; Assistant Prof Walfre Franco)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. In vivo microscopy and cytometry (Prof. Charles Lin, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Optical microrheology of tissues and cells (Prof. Seemantini Nadkarni, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Photo-crosslinking of natural polymer scaffolds (Prof. Robert Redmond, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Novel miniature endoscopic microscopes (Prof. Gary Tearney, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Optical coherence microscopy (Prof. Benjamin Vakoc, WCP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Micro optics and biocompatible devices (Prof. S.H. Andy Yun, WCP)

A complete description of each lab is listed at <http://hst.mit.edu/go/summer/biomedicaloptics>



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Name _____
Last name First name

Application Checklist

Agree to the applicant statement below.

Tell us how you learned about the Summer Institute, including the URL:

Save this application form on your computer as a pdf, complete the form, and then email it to James Schulz at BioOpticsSummerInstitute@mgh.harvard.edu.

Arrange for supplementary materials to be sent directly to the above email address.

Official transcripts from all undergraduate colleges or universities.

Two letters of recommendation sent separately using the provided cover sheets. Letters of recommendation should come from a current or past teacher, faculty instructor, research advisor, supervisor, or director who is familiar with your work. Please remind your references of the January 13, 2018 deadline.

The deadline to apply for the Summer Institute is January 13, 2018. Email is preferred. Supplementary materials may be mailed to the address below. They must be postmarked by this date. Only complete applications will be considered. Please send all supplementary materials to:

Wellman-HST Summer Institute for Biomedical Optics
Attention: James Schulz
Massachusetts General Hospital
Wellman Center for Photomedicine
65 Landsdowne Street, Room 528
Cambridge, MA 02139
BioOpticsSummerInstitute@mgh.harvard.edu
(617) 768-8705

Applicant Statement

I certify that I will be able to participate for the full duration of the Biomedical Optics Summer Institute, from Monday, June 11, 2018 through Friday, August 17, 2018. Please note that program dates may be adjusted.

I certify that I am a US Citizen or Permanent Resident of the United States of America.

I certify that the information provided on this application and supplementary documents is true and complete. I understand that misrepresentation or withholding information may result in the rejection of consideration for this program or termination at any time during the program.

I hereby agree to waive my right to view letters of recommendation and release the educational institutions and related individuals from all liability in responding to inquiries regarding my application. I release the Harvard-MIT Health Sciences and Technology, the Massachusetts General Hospital, and all other program-affiliated institutions from any liability related to such inquiries.

I agree to abide by all program requirements, policies and practices.

Signature _____

Date _____