University of Massachusetts Lowell
Urban Massachusetts Louis Stokes Alliance for Minority Participation
Science, Technology, Engineering, & Mathematics (STEM)
Undergraduate Registration / Application Form

Date Form Filled Out - _____/_____/_____

UMLSAMP is dedicated to the retention, persistence, and graduation of ALL undergraduates especially underrepresented minority students in Science, Technology, Engineering, and Mathematics (STEM) fields. This NSF program will support in part a cohesive ‘Community of Science’ which involves summer and academic year research programs, peer and faculty mentoring, career fairs, and learning community events involving undergraduate students in STEM majors from 7 other colleges and universities in the state of Massachusetts. You must register before official acceptance to specific activities and events with limited enrollments. Please fill out this form and return to Reaksmey Roeung-Meas, at UMass Lowell, One University Ave, UMLSAMP Program, Centers for Learning, Southwick Hall 3rd Flr, Room 321, Lowell MA, 01854 or send email at Reaksmey_Roeung@uml.edu to receive further information and stay up on internships and other program activities and benefits.

First Name: ___________________________ Middle Initial: _____ Last Name: ___________________________

College currently attending? ___________________________ College ID#: ___________________________

1. ACADEMIC INFORMATION

How many college credits have you completed as of the date you are filling out this form? ____________________

Have you taken Calculus in college yet? Yes ☐ No ☐

What 4-year bachelor’s degree would you like to pursue? ___________________________

Expected Graduation Term (Date) ___________________________

Please list all of your college courses by full name for your last or current semester and for next semester (Internship often has requirements that an applicant have completed Chemistry or Biochemistry, etc.):

a) Courses for last or current semester (list department, course number, and title of course):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

b) Courses you plan to take next semester (list department, course number, and title of course):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
2. LEADERSHIP INFORMATION
Please list any honors or awards received including honor societies:

_________________________________ _____________________________ __________
_________________________________ _____________________________ __________
_________________________________ _____________________________ __________

Please list extracurricular and community activities:

_________________________________ _____________________________ __________
_________________________________ _____________________________ __________
_________________________________ _____________________________ __________

3. CAREER INTERESTS
Applied/Abstract Math ☐ Biology Related ☐
Biomedical Research ☐ Biotechnology ☐
Chemistry Related ☐ Computer Science ☐
Dental Medicine ☐ Engineering ☐
Environmental Science ☐ Medicine/Nursing ☐
Physics ☐ Other ☐

Highest degree that you plan to obtain:
BS/BA ☐ MS ☐
Ph.D ☐ MD ☐
DDS ☐ Other ☐ (Specify) __________________________

4. STEM ACCELERATION ACTIVITIES OF INTEREST
STEM Career Seminars ☐ STEM Part-time jobs ☐
STEM Mentors ☐ STEM Summer Academic Programs ☐
STEM Research Coaches ☐ STEM Summer Non-Research Jobs ☐
Adv Math Workshops ☐ Local Industry Lab Visits ☐
Research Skills Workshops ☐ STEM Outreach Tutoring – K12 ☐

List any others ☐ __________________________

5. BACKGROUND INFORMATION
Date of Birth: _____/_____/______

Gender:
Male ☐
Female ☐

Citizenship or status:
USA ☐
Permanent Resident ☐
Other ☐
To which Race/Ethnicity group(s) do you belong? (Choose all that apply):

- Black/African American
- Asian American (Japan, China, India, etc.)
- Latino/a (Puerto Rican, Mexican, etc)
- Pacific Islander (Hawaiian, etc.)
- Native American/Alaskan Native
- Other (Specify) _______________________
- White/Caucasian (Non-Hispanic)

I will be a first generation college graduate. Yes [ ] or No [ ]

What is the highest degree received by your parents or legal guardian?

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
<th>Legal Guardian</th>
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<tbody>
<tr>
<td>Some High School</td>
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<tr>
<td>High School Diploma</td>
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<tr>
<td>2-Year College Degree</td>
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<td>4-Year Baccalaureate Degree</td>
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<td>Masters Degree (MS, MBA, etc.)</td>
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<tr>
<td>Doctorate or Other Terminal Degree</td>
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6. CONTACT INFORMATION

Local Residential Address: _____________________________________________

City: ___________________________ State: ______________ Zip Code: ___________

Home Phone: (______) _______ - _______ Cellular Phone: (______) _______ - _______

Personal Email: ______________________________ College Email: ______________________

Emergency Contact Address: _____________________________________________

7. PARENT or STUDENT (if over 17 years of age) SIGNED PERMISSION SHEET

[This information is for our anonymous research or evaluation studies]

I give (my or name of underage student) __________________ permission to participate in the University of Massachusetts programs indicated on this form. I understand that participation in good standing includes attendance at all sessions of activities outlined in program descriptions, and that there may be other expectations involving job shadowing with professionals in a STEM field, off-site research trips and internships, and occasional group events. I give permission for travel to any of these activities through the use of any transportation approved by UMass Lowell. The University of Massachusetts is given permission to reproduce for publications any photos taken of this applicant at any program activity.

I also consent to the disclosure of student information records maintained by high school or by my college or university to an authorized representative of UMass Lowell and/or UMass Boston. This information will be maintained in a confidential manner and will be used only for the purposes of evaluation and program improvement. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time with written notification.

________________________________________ Date: ______________________
Parent/Guardian Signature for underage Student

In addition to permissions above, I certify that the information submitted in this application is complete and true to the best of my knowledge.

________________________________________ Date: ______________________
Student’s Signature