THE HALMOS COLLEGE OF ARTS & SCIENCES AT NOVA SOUTHEASTERN UNIVERSITY AND THE MEDICAL UNIVERSITY OF GRAZ – AUSTRIA SUMMER 2021 BIOLOGY STUDENT INTERNSHIP PROGRAM APPLICATION

THIS FORM MUST BE NEATLY TYPED. (DO NOT TYPE ON THE REVERSE SIDE OF ANY FORMS). <u>Note: Save this</u> <u>Word document to your computer first and then complete it</u>. ALL FINAL APPLICATION MATERIALS (PRINT AND ELECTRONIC COPIES) MUST BE RECEIVED NO LATER THAN <u>November 12, 20</u>21! Submit ALL MATERIALS to: Mark Jaffe, D.P.M.; Office: Parker 348; TEL: (954) 262-8083; Email: <u>mjaffe@nova.edu</u>

SECTION I: DESCRIPTION OF PROGRAM

The Halmos College of Arts and Sciences at Nova Southeastern University provides foundational study in core and emerging disciplines and technologies to prepare students for graduate and professional study, career development, and responsible citizenship. The College highly values our partnerships with the basic science/clinical researchers and research opportunities exhibited by the Medical University of Graz (MUG).

The Medical University of Graz comprises 40 clinical and non-clinical institutions. It is closely associated with Graz University Hospital, which is amongst the largest Hospitals in Europe (more than 2000 beds).

The **Biology Student Internship Program** is a <u>unique</u> collaboration and <u>joint projects</u> between NSU and the MUG, which allows for intercampus and institutional interaction in multiple scientific research disciplines whereby young scientists gain exposure, direction and guidance during their developing career paths. The benefits of this program are as follows:

- To foster intercampus and inter-institutional collaborative relationships on both a national and international level
- To educate and train young scientists
- To produce high-quality scientific results that are publishable and presentable at scientific meetings
- To produce outcomes that will allow for successful acquisition of extramural support.

This collaborative venture with our partners will contribute to the leadership of all institutions in basic science and medical education and help to meet the needs of our national community through basic science and academic training, high-quality collaborative relationships and gaining the interest and exposure from future basic scientists/clinicians and the community.

Participant Eligibility. Any individual desiring to participate must have JUNIOR or SENIOR ranking and be a returning registered student for Fall 2021. Other criteria include: an overall GPA of 3.0 and a GPA of 3.0 in basic sciences. Candidates must submit an application inclusive of a written statement discussing the reason(s) why participation is desired, and an Official University Transcript of Grades or equivalent Capp report. Three letters of recommendation must also be included: 2 from basic science faculty, and 1 other. All application materials must be received by the Biology Student Internship Program Committee (BSIPC) no later than **November 12, 2021**. The timeline follows below.

Timeline Summary

Monday, October 11, 2021	Summer 2022 Application Process Begins
Friday, November 12, 2021	Summer 2022 Application Deadline
November 13-November 17, 2021	BSIPC reviews applications and qualifies applicants for an interview
Nov 18-Nov 30, 2021	BSIPC interviews the qualified candidates and selects up to four finalists
November 30, 2021	The BSIPC committee will present proposed recommendations to the Dean and
	to the biology department chair and await confirmation
November 30, 2021	The confirmed Awardees and the alternates will be informed of their selection by
	the BSIPC.
December 11, 2021	Awardees deadline to notify the BSIPC in writing accepting their internship
	program by signing a contract.

Monday, January 3, 2022	Awardees begin preparation training for their internship by the committee
	members.
Wednesday April 15, 2022	Awardees must satisfactorily complete all requirements including travel
	documents in preparation for the summer internship.
Monday, May 23, 2022	Summer Internship begins. Student interns communicate regularly with their
	NSU faculty mentor
Friday, August 12, 2022	Summer Internships End (unless extended 1-2 additional week(s)
August end, 2022	Summer Interns complete all requirements and turn in assignments for grading to
	their NSU Faculty Mentor
Fall, 2022	Summer Interns do presentations of their summer internship experience to
	students, faculty and staff

BSIPC Role. The Biology Student Internship Program Committee (BSIPC) will qualify and rank candidates and select those who will be granted a face-to-face interview by the committee. Following the BSIPC interviews, up to four finalists will be identified. Additional interviews of the finalists by the respective partner institutions either by phone or face-to-face may also take place.

Length & Location of Internship. There are up to two six-week internship positions available for Summer 2022 at the Medical University of Graz, Austria. In the event that one or both of the original internship Awardees to Austria, declines their internship or during their BIOL 4950 course changes his or her mind, one of the alternates may be selected to replace that Awardee.

Program Outline.

A. Austria. The interns' primary duty will be to assist a transplant surgical team. They will also assist Dr. Stiegler and his colleagues with their on-going research studies.

Research studies will be designed as "mini projects" in the area of medicine and surgery and the exact format will be at the discretion of the supervisor in Austria. Again, all research studies will include library research for background and current review of literature focusing on the research topic. Each "mini project" <u>shall</u> require a FIELD COMPONENT composed of sample collection and data acquisition. Skills, data collection and experimental methods may include:

- molecular biological techniques (RNA/DNA isolation; RT-PCR, multiplexing PCR; Real-Time PCR; primer design; sequencing; cloning; immunoblotting; protein assays; siRNA technology; gene microarray)
- tissue culture
- immunohistochemistry (antibody-based conjugated to enzymes or fluorescent probes)
- microscopy (light, fluorescent, confocal)
- sample collection (Field Component)

Each awardee will be required to successfully complete on-site training in (1) Universal Precautions and Biohazard Safety and (2) Chemical and Laboratory Safety. IRB and IACCAU protocols and approvals will be the responsibility of the mentor/supervisor.

B. Course Credit. Awardees of internships will be required to register for a total of 3 credits of BIOL 4950 (Internship in Biology) at Nova Southeastern University between Winter 2022 and Summer 2022. A\The awardee <u>must</u> maintain a "daily journal", write a summary paper <u>and</u> turn in all required assignments by July, 2022. The paper will be critically reviewed and commented by the supervisors at NSU and University of Graz, and then reviewed and graded by their assigned NSU Faculty Mentor for a final assignment of course grade.

The Awardee <u>shall</u> be required to present a presentation of their internship/research experience to faculty and students at Nova Southeastern University upon their return to campus in the fall of 2022.

Check below Your Choice OF program for The Summer 2022 Biology Student Internship Program

□ AUSTRIA

	SECTION	II: PERSONAL IDENTIFICATIO	ON INFORMATION	
Prefix:	Mr. Mrs. Ms. Miss.			
	ase, attach your photograp e (required).	oh		
Name:	(last)	(first)	(middle)	
Address:	(number) (s	street)		
	(city)	(state)	(zip code)	
Date of Birth:		Age:		
Telephone: (primary) Email:	(area code) (number)	Telephone: (cell)	(area code) (number)	
NSU Student (Required)	N#:			

SECTION III: DEMOGRAPHIC INFORMATION

This information is kept for statistical reporting and possible reporting in compliance with the EEO/AAA requirements. Your responses are voluntary, and your cooperation in providing this information is appreciated.

Race/Ethnicity: (Please choose the category that best describes you).

American Indian or Alaska Native (People having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)

	an (Person having origins in any of the including, for example, C Thailand, and Vietnam.)		ast, Southeast Asia, the Indian sub n, Korea, Malaysia, Pakistan, the 1	
	rican American/Black (A person having	g origins in the black racial g	groups of Africa.)	
🗌 His	spanic or Latino (Persons of Cuban, Me origin, regardless of race.		or Central American, or other Span	nish culture of
🗌 Na	tive Hawaiian or Other Pacific Island	er (Persons having origins in Samoa, or other Pacific Is		waii, Guam,
	nite/Caucasian of Non-Hispanic Origin	n (Persons having origins in a North Africa.)	any of the original peoples of Euro	ope, Middle Ease or
□ Mu	lltiracial/Other		nember (specify: tional flyer)
I was maa	le aware of this opportunity from:	an adver a physici a prior pa	-)
I have pre	viously participated in the Biolog	y Student Internship Pro	ogram:	
	YES.	NO.		
	If yes, please specify all dates:			
	SECTION IV: 1	EMERGENCY CONTACT IN	NFORMATION	
In the even order:	nt of an injury or emergency, com	tact the individuals (2 an	re required) listed below in t	he following
<u>First</u> :				
Prefix:	Dr. Mr.	Mrs. Ms.	Miss.	
Name:				
	(last)	(first)	(middle)	
Address:				
	(number) (stree	t)		
	(city)	(state)	(zip code)	_
Telephone	:	Telephone:		
(primary)	(area code) (number)	(cell)	(area code) (number)	
Relationsl	iip:			

	Dr. Mr.		Mrs. 🗌 M	s.	Miss.	
lame:	(last)		(first)		(middle)	
	(hust)		(IIISt)		(inidate)	
Address:						
	(number)	(street)				
	(city)		(state)	(zip	code)	
Felephone:			Telephone:			
(primary)	(area code) (number)	_	(cell)	(area code)	(number)	
Relationship:	:					
, controllishing (·	_				
		~ -				
		SECTION V	BRIEF MEDICAL	HISTORY		
Check all tha	at apply.	SECTION	7: BRIEF MEDICAL	HISTORY		
Asthma		SECTION	7: BRIEF MEDICAL	HISTORY		
Asthma Emphysem	a					
Asthma Emphysem Other Resp Allergy to	na biratory Disorder (specify: Latex					
Asthma Emphysem Other Resp Allergy to Other Aller	na biratory Disorder (specify: Latex rgy (specify:					
Asthma Emphysem Other Resp Allergy to	na biratory Disorder (specify: Latex rgy (specify:					
Asthma Emphysem Other Resp Allergy to Other Aller Dermatitis Psoriasis Hypertensio	na biratory Disorder (specify: Latex rgy (specify: on (high blood pressure))			
Asthma Emphysem Other Resp Allergy to Other Aller Dermatitis Psoriasis Hypertensie Heart Disea	a biratory Disorder (specify: Latex rgy (specify: ton (high blood pressure) ase (specify:)			
Asthma Emphysem Other Resp Allergy to Other Aller Dermatitis Psoriasis Hypertensi Heart Disea Renal Dise	a biratory Disorder (specify: Latex rgy (specify: ton (high blood pressure) ase (specify: case (kidney disorders))			
Asthma Emphysem Other Resp Allergy to 1 Other Aller Dermatitis Psoriasis Hypertensi Heart Disea Renal Disea Liver Disea	a piratory Disorder (specify: Latex rgy (specify: ton (high blood pressure) ase (specify: ase (kidney disorders) ase (specify:)			
Asthma Emphysem Other Resp Allergy to Other Aller Dermatitis Psoriasis Hypertensis Heart Disea Renal Dise Liver Disea Eye Glasse Contact Le	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: ease (kidney disorders) ase (specify: es)			
Asthma Emphysem Other Resp Allergy to D Other Aller Dermatitis Psoriasis Hypertensis Heart Disea Renal Dise Liver Disea Eye Glasse Contact Le Eye Diseas	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: case (kidney disorders) ase (specify: es enses se (specify:)			
Asthma Emphysem Other Resp Allergy to Other Aller Dermatitis Psoriasis Hypertensie Heart Disea Renal Disea Liver Disea Eye Glasse Contact Le Eye Diseas Pregnant (c	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: ease (kidney disorders) ase (specify: es mses se (specify: currently or trying to become p)			
Asthma Emphysem Other Resp Allergy to 1 Other Aller Dermatitis Psoriasis Hypertensie Heart Disea Renal Dise Liver Disea Eye Glasse Contact Le Eye Diseas Pregnant (c Tobacco U	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: case (kidney disorders) ase (specify: es enses se (specify: currently or trying to become p (se (i.e., smoking)	pregnant))))			
Asthma Emphysem Other Resp Allergy to D Other Aller Dermatitis Psoriasis Hypertensis Heart Disea Renal Dise Liver Disea Eye Glasse Contact Le Eye Diseas Pregnant (c Tobacco U Medication Other (spec	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: case (kidney disorders) ase (specify: ess enses se (specify: currently or trying to become p (se (i.e., smoking) as (specify: currently currently or trying to become p (se (i.e., smoking) as (specify:	pregnant))))			
Asthma Emphysem Other Resp Allergy to D Other Aller Dermatitis Psoriasis Hypertensis Heart Disea Renal Dise Liver Disea Eye Glasse Contact Le Eye Diseas Pregnant (c Tobacco U Medication Other (spec	a biratory Disorder (specify: Latex rgy (specify: con (high blood pressure) ase (specify: case (kidney disorders) ase (specify: ess enses se (specify: currently or trying to become p (se (i.e., smoking) as (specify:	pregnant))))			

All information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VI: MEDICAL INSURANCE

You will be requested to show proof of insurance at the time of your participation in this program.

Insurance Carrier:

(company name)

Policy No. or Group I.D. No.

Address:

Telephone:

(area code) (number)

By placing an "X" in the box at the right, you certify that your medical (i.e., health) insurance coverage is current.

. .

My Coverage is Current.

 \square

This information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VII: CERTIFICATION OF TETANUS VACCINATION

By placing your signature in the space provided below, you certify that your tetanus vaccination/booster is current, and that if injured during the course of dissection requiring tetanus booster, you, and/or, your insurance carrier will cover the cost of said treatment.

Signature:

SECTION VIII: EDUCATION

Please, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training (most recent first). [This information is required.]

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY & GPA

A. Awards and Honors. List in reverse chronological order previous positions, any honors, certifications, awards, recognitions or memberships.

B. Selected publications, abstracts and/or presentations (most recent first). Do not include publications submitted or in preparation.

C. Unique Experiences that you feel make you qualified for this program.

D. Have you ever spent time abroad in another culture? Explain.

SECTION IX: EMPLOYMENT HISTORY

Please, list most recent first.

INSTITUTION AND LOCATION	POSITION (title)	YEAR(s)	RESPONSIBILITIES

SECTION X: REFERENCES

Please, list three (3) individuals from whom letters of recommendation will be received. Two of whom must be Halmos science faculty. You may provide up to two (2) additional references who may be contacted if deemed necessary.

Letters will be received from:

Dr.

F	'ir	st:	

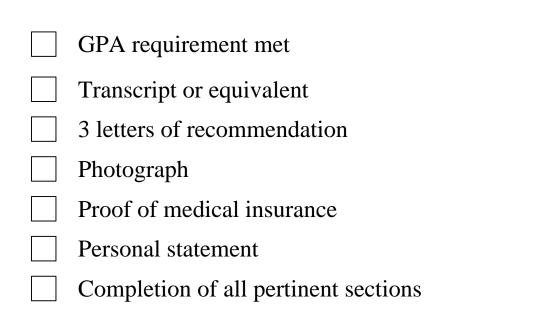
Prefix:	
Prefix:	

Miss.

Name:							
	(last)		(first)		(middle)	
Title:			Rela	ationship:			
Address:							
	(number)	(s	treet)				
	(city)		(state)		(zip code)		-
Telephone:							
Second:	(area code)	(number)					
Prefix:	Dr.	Mr.	Mrs.	Ms.	Miss.		
Name:							
	(last)		(first			(middle)	
Title:			Rela	ationship:			
Address:							
	(number)	(s	treet)				
	(city)		(state)		(zip code)		-
Telephone:							
Third:	(area code)	(number)					
Prefix:	Dr.	Mr.	Mrs.	Ms.	Miss.		
Name:							
	(last)		(first)		(middle)	
Title:			Rela	ationship:			
Address:							
	(number)	(s	treet)				
	(city)		(state)		(zip code)		-
Telephone:							
÷	(area code)	(number)					
<u>Additional 1</u> :							
Prefix:	Dr.	Mr.	Mrs.	Ms.	Miss.		

Name:							
	(last)			(first)		(middle)	
Title:				Relationship:			
Address:							
	(number)		(street)				
	(city)			(state)	(zip code)		
Telephone:							
1	(area code)	(number)					
Additional 2:							
Prefix:	Dr.	Mr.		Irs. 🗌 Ms.	Miss.		
Name:							
	(last)			(first)		(middle)	
Title:			_	Relationship:			
Address:							
	(number)		(street)				
	(city)			(state)	(zip code)		
Telephone:							
- oreprone.	(area code)	(number)	_				

In no more than 500 words, discuss your reasons for participation in the Biology Student Internship Program. [Required. This can be attached separately.]



SECTION XIII: FINAL ATTESTATION STATEMENT

By placing your signature in the space provided below, you certify that all of the information you provided is true and accurate, that you will abide by the Student Handbook and Student Code of Conduct, and that you will be registered for classes for the Fall 2022 semester.

Signature

Date

END OF FORM