

Bridges to the Baccalaureate Program
 Lawson State Community College
 3060 Wilson Road, SW
 Birmingham, AL 35221
 Attn: Tracey Wilson

For Office Use Only

APPLICATION FOR THE BRIDGES TO THE BACCALAUREATE PROGRAM

Biographical Data

Social Security Number		Application Date	
Full Legal Name: Last		First	Middle
Permanent Address		Current Address	
City/State/Zip		City/State/Zip	
Country		County (Alabama Only)	
Country		County (Alabama Only)	
Home Phone		Work Phone	
Permanent Phone		E-mail address	
Sex Male Female		Are you a United States citizen or permanent resident?	
Date of Birth ____/____/____		Yes No	
Race/Ethnic Background (Voluntary):			
Asia Black Hispanic Native American White Other			

Education

Current Institution		Location		From/To	
Major		Minor		Grade Point Average	
_____ out of _____ (scale)					
Expected Date of Graduation (Month and Year)					
Classification		Freshman		Sophomore	
Previous Institution		Location		From/To	
Major		Minor		Grade Point Average	
_____ out of _____ (scale)					

Please check any of the areas of study that are of interest to you:

- | | | | |
|--|-----------------------|----------------------|-------------------|
| Biochemistry | Nutrition Science | Biology | Pathology |
| Biomedical Engineering | Pharmaceutical Design | Biophysics | Pharmacology |
| Cell Biology | Physics | Chemistry | Physiology |
| Computer Science | Psychology | Immunology | Sociology |
| Microbiology | Toxicology | Virology | Vision Science |
| Neuroscience (Behavioral, Cellular, Cognitive, Molecular, Systems) | | Biostatistics | Epidemiology |
| Health Education/Health Promotion | | Environmental Health | Materials Science |
| Other (please specify) _____ | | | |

Please describe your career goals:

What advanced degree(s) do you plan to pursue?

Describe any research experience you have, particularly college research experience. Be concise. Describe the goals of the project, the major finding, and your contribution.

Do you have a preference for the type of laboratory you would like to work in or the type of project you would like to work on? If so, please describe:

Please list all college-level math and science courses you have completed to date and/or in which you are currently enrolled:

Course Name

Grade

Please have two people familiar with your academic accomplishments send letters of reference. These may be placed in sealed, signed envelopes and submitted with this application.

Signature

Date

Evaluation Form

Supporting the Bridges to the Baccalaureate Program

LAWSON STATE COMMUNITY COLLEGE

Instructions to Applicants

After completing the identifying information in the spaces below, please distribute forms to instructors and others you have asked to recommend you.

Social Security Number | Degree and Major Sought

Applicant's First Name | Applicant's Middle Name | Applicant's Last Name

Applicant's Physical Address

Applicant's E-mail Address | Applicant's Phone Number

In accordance with the Family Education Rights and Privacy Act of 1974, applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation if you are accepted into the Summer Undergraduate Research Program.

I waive my right to see this recommendation.

I retain my right to see this recommendation

Signature

Date

Request to Evaluator

Evaluator:

How long and in what capacity have you known the applicant?

Table with 7 columns: Evaluation criteria (Motivation and Initiative, Diligence and Perseverance, Independence, Creativity, Dependability, Integrity, Verbal Clarity, Writing Skills, Research Ability) and 7 columns: Percentages (Top 5%, Top 10%, Top 25%, Top 50%, Bottom 50%, No basis to judge).

Please complete both Pages.

