

MARC PROGRAM YEARLY SURVEY

<i>This survey must be completed and turned in by May 1st in order to pick up your May stipend! (This means you must get this form to your mentor at least the week before the 1st.)</i>			
Name:		Date:	
Projected university graduation date:		Major:	
Current address:		Current phone:	
City:	State:	Zip:	Current cell:
Parents address:			
City:	State:	Zip:	Parents phone:
Future address (if known):			
City:	State:	Zip:	Future phone:
Current email:			
Permanent (non-NMSU) email - REQUIRED:			
Are you graduating this semester?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Have you taken the GRE?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give date:		If no, give date when you will take it:	
If you have taken the GRE, have you turned in a copy of your GRE scores to the MARC office?			
Yes <input type="checkbox"/>		No <input type="checkbox"/> If no, please turn a copy in with this form.	
What are your plans after completing the MARC program? (e.g. teaching, grad.student, research, time off):			
Position Title:		Field:	
Name of Organization/Institution:			
Institution Address:		Mentor/Advisor:	
City:	State:	Zip:	Mentor/Advisor Phone:
Mentor/Advisor email:		Start date for this position:	
If you will not be attending a graduate program after graduation, please indicate the reason why as well as what you will be doing and whether, when, and where you intend to enter a graduate program in the future:			

Please list all Summer Research programs, institutions, and locations you have applied to (and/or attended):

Program/ Institution	Location (City, State)	Mentor for program you will attend	Start/End Dates	Accepted	Will attend or have attended Please indicate year attended
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If you have already attended summer research, please list title of your research project:

Please list all Graduate School programs, institutions, and locations you have applied to:

Program/ Institution	Location (City, State)	Mentor for program you will attend	Ph.D., M.S., MD, DVM, other	Accepted	Will attend
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please list all research/professional meetings/symposiums (i.e. URCAS, ABRCMS, SACNAS, ACS, ASBMB, ASM), locations, and dates you attended while a MARC fellow. Also list the presentations (poster, lecture, paper, PowerPoint® presentation, etc.) you presented at any of these meetings. If you did not present, please explain why on a separate sheet.

Meeting	Location	Begin/End Dates	Presentation Title and Type (poster/lecture/etc.)

Please list any publications (published or pending) resulting from your research. (If you are unsure, please check with your mentor.) Also, please attach a copy to this document.

- 1)
- 2)
- 3)
- 4)

What has been the greatest value of the MARC program to you?	
Signature:	Date
Mentor Signature:	Date