



UNIVERSITY OF
ST. THOMAS
HOUSTON

University of St. Thomas
Minority Science and Engineering Improvement Program Application

DEADLINE: Friday, November 13th at 5:00 PM
Please note: No late applications will be accepted.

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

Student ID# Number _____

Street Address _____

City, State and _____

ZIP _____

Phone # _____ Cell Phone # _____

E-mail _____ Date of Birth _____

Gender: Male ___ Female ___ Pell Recipient _____ First-Generation Student in College _____

Ethnicity: Pacific Islander _____ Alaskan _____ Native American _____ Black _____

Hispanic _____ Caucasian _____ Other _____ Two or more ethnicities _____

Citizenship: U.S. Citizen _____ U.S. Permanent Resident _____ Other (specify) _____

Major: _____ Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

GPA: Cumulative _____ Major _____

Disabilities (please specify with supporting documentation from UST Office of Student Services): _____

Indicate areas in which you require tutoring: Chemistry _____ Biology _____ Physics _____

Mathematics _____ Engineering _____ English _____ Writing/Composition _____ Other _____

Indicate areas in which you could deliver tutoring: Chemistry _____ Biology _____ Physics _____

Mathematics _____ Engineering _____ English _____ Writing/Composition _____ Other _____

Page Two: MSEIP Student Application

Describe your academic and career goals after graduation from UST:

Have you had a STEM mentor at UST? Yes _____ No _____

If yes, mentor's name and discipline: _____

Have you participated in Undergraduate Research: Yes _____ No _____

Describe Research Topic: _____

Student Signature _____ Date _____

Current Mentor's Signature (if any) _____ Date _____

Research Leader/Research Faculty Signature _____ Date _____

Applicant please check below to complete the application:

_____ By signing this application, I attest that the information I have provided above is correct.

(Please note: Any incorrect information could result in your dismissal from the program without further notice.)



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MSEIP PROGRAM RECOMMENDATION FORM

APPLICANT: Complete the first two lines below. Type or legibly print all information requested. Give this form and a self-addressed envelope to the two faculty members you have asked to recommend you. Each recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials.

Applicant Name _____ Year in school _____

UST ID Number _____ Major _____

RECOMMENDER INFORMATION

Recommender Name _____ Department _____

Title _____ Institution _____

Acquaintance with Applicant

1. I have known this applicant for a period of ___ years and/or ___ months
2. I have known this applicant as: ___ a student ; ___ other (specify) _____
3. I have served as this applicant's: ___ teacher/instructor; ___ mentor; other (specify) _____

4. This student participates in (list UST activities): _____

5. This student will benefit from (list types of supportive services, financial needs): _____

Page Two: MSEIP Recommendation

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

Skills, Experience, Demonstrated Strengths and Weaknesses	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Bottom 50%)	No Basis to Judge
Creativity/Imagination							
Ability to Work Independently							
Leadership Skills							
Critical Thinking/Reflection							
Writing Skills							
Mathematics Skills							
STEM Skills							
Motivation Toward Academic Goals							
Maturity							
Interest in or Experience with Research							
Financial Need							
Plans for STEM Profession							

Please add a few comments about the applicant’s special abilities, strengths or weaknesses as it relates to this application. Highlight why you feel the student would benefit from wrap-around student support services, one-on-one coaching and the STEM experiences in the MSEIP program.

Recommender Signature _____ Date _____



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