

Cancer Epidemiology Education in Special Populations Program
City University of New York Medical School
160 Convent Avenue
New York, NY 10031
Phone: 212-650-8519
<https://ceesp.ccnycunyu.edu>

CEESP Summer Internship Application Instructions

Application Requirements:

- Be a MPH or PhD student
- Overall GPA of at least 3.0 out of 4.0 must be maintained throughout the academic school year

Application Components:

- Completed Application Form (below)
- Mini-Research Proposal: Font-Times New Roman Size-12, Margins-1 inch, Spacing-1.5, Adjustment-Left both Headings and body.
 - Include the following headings in Bold:
 - Project Title:
 - Background:
 - Literature background of the chosen topic for your research; 2-3 paragraphs
 - Objectives/Specific Aims:
 - Method of Study:
 - For example: lab components, data collection, subject enrollment, medical record abstractions, etc.
 - Off-Campus Mentorship:
 - Learning Experience:
 - References
- Resume/CV
- Undergraduate Transcripts
- Graduate Transcripts (1st semester for Masters Students; total for Ph.D. candidates)
 - Unofficial transcripts are acceptable

Presentation to the External Advisory Committee (EAC):

- Submit the 15-slide PowerPoint and a headshot (for reference purposes only)
- Prepare for a 15 minute presentation and 5 minutes for questions from the EAC
- You will be contacted with your scheduled time to present to the EAC in February 2021, if your application passes the first review stage in January.

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CEESP Summer Internship Application

Applicant Information

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Citizenship: U.S. Citizen
 U.S. Permanent Resident
 International Student

Permanent Contact Information

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Email*: _____

Phone: _____

*Other than University email.

Contact Information

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Email: _____

Phone: _____

Emergency Contact
Name: _____

Your Relationship to
Emergency Contact: _____

Emergency Contact
Phone: _____

Statistical Information

Race[†]: _____

Languages Fluent: _____

Do you qualify for Yes No

work study? _____

Years since
graduated with
Undergraduate: _____

[†]This section is for statistical purposes only and is not required

Educational Information:

Undergraduate Institution: _____

Undergraduate Degree: _____

Undergraduate GPA: _____

Current Graduate Program**: _____

Current Graduate GPA: _____ **Include Concentration

"By checking this box I authorize the release of my academic information on file to the CEESP Program and the International and External Advisory Committees for consideration of my application and funding request for the CEESP Summer Internship 2021."