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Department of Health Informatics Internship Program

APPLICATION FORM

Name & Surname:

Gender: Male Female

Date of birth:

Place of Birth:

TR citizen: Yes No

Address:

e-mail:

Phone:

Academic Information

I am a Freshman Sophomore Junior at _____ College/University

Major:

Overall GPA:

Which type of Internship are you applying to? Medical/Neuro Informatics Bioinformatics OMICS Laboratory
Do you have any laboratory/bioinformatics research experience? Yes No If yes, how long? _____

The institution where the research was conducted _____

Area(s) of research experience _____

Area(s) of research interest (check all that apply)

- Biological Image Analysis
 Network modeling
 Structural Bioinformatics
 Biomedical Signal Processing
 Genomics/ NGS / microarray
 Cancer Systems Biology
 Cancer drug discovery

Indicate the order of faculty member(s) you want to attend an internship in his/her research group (check all that apply)

- Aybar Can Acar
 Tolga Esat Öztürk
 Ünal Erkan Mumcuoğlu
 Yeşim Aydın Son
 Rengül Çetin Atalay
 Nurcan Tunçbağ

Additional application materials which must accompany this form

- 1) Current transcript** Please request an official transcript to be sent as soon as possible. Date transcript requested _____
- 2) Short Curriculum vitae** Please submit a CV that does not exceed 2 pages.
- 3) Personal Statement** Please submit one single-spaced typewritten page discussing, in your own words, your education, research experience, academic and professional plans, and reasons for applying to this Program.
- 4) Reference** Please indicate the name and email of a faculty member(s) who are familiar with your coursework, and if applicable, with your wet/dry lab experience.

I certify that the information entered on this application is complete and correct. I understand that omission or falsification of information may constitute grounds for denial of admission or dismissal.

Applicant's Signature

Date