



DUMLUPINAR BULVARI 06800  
ÇANKAYA ANKARA/TURKEY  
T: +90 312 210 37 43  
F: +90 312 210 37 45  
hi@metu.edu.tr  
www.ii.metu.edu.tr

## 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  Senior 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 (Bioinformatics)
- Tolga Esat Öztürk (Medical/Neuro Informatics)
- Yeşim Aydın Son (Medical/Neuro Informatics)
- Deniz Cansen Kahraman (OMICS Laboratory)
- Burçak Otlı Sarıtaş (Bioinformatics)

#### Important Note for In Silico Research:

Applicants interested in working with **in-silico** research groups must have completed **BIN 500/CENG240** and **BIN 504** courses. By selecting this track, you confirm that you meet these prerequisites.

#### 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