



# Texas State University U-RISE Application Package

## Application Instructions:

1. Please first review this entire Application Package, which includes the Application Form and the Trainee Memorandum of Understanding (MOU). The MOU outlines expectations of appointed U-RISE Scholars.
2. Complete all sections of the Application Form.
3. Please also complete the self-assessment survey ([survey link here](#)).
4. Arrange for 2 letters of recommendation from faculty members, at least one of whom is from a U-RISE participating department. Complete Section D of this Application Form to identify who your letter writers will be. Your references should send their letters directly to Program Administration ([uriseadmin@txstate.edu](mailto:uriseadmin@txstate.edu)).
5. Complete your Personal Statement in Section E of this form. Attach additional pages if required.
6. Please submit transcripts for all college-level classes taken since high school. Unofficial transcripts from Texas State are acceptable.
7. Please submit an updated resume that highlights your academic and extra-curricular achievements as well as any additional qualifications or personal strengths that you would like to highlight to the U-RISE Admissions Committee.



# Texas State University U-RISE Application Form

## A. Contact Information

First Name:			
Last Name:			
Preferred Pronouns:			
Phone:		TXST ID#	
TXST Email:			
Alternate Email:			

## B. Educational Information

Major:			
Minor:			
GPA:		Expected Graduation:	
Do you anticipate applying to graduate school?			
Proposed field of study for graduate school:			

## C. Eligibility Information

*To be eligible for this NIH-funded training program, participants must identify with groups that have been specified as underrepresented in biomedical, clinical, behavioral, and social sciences according to [NOT-OD-20-031](#). You can disclose this information to the Texas State U-RISE staff in one of two ways. (1) Complete the following section, selecting all groups with which you identify. (2) Privately disclose this information directly to Texas State U-RISE Administration (please contact [uriseadmin@txstate.edu](mailto:uriseadmin@txstate.edu) to arrange this).*

*Please note that you are not obligated to complete this section of this form. However, to be considered for this training program, you will need to justify your eligibility.*



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<p><b>Ethnicity/Race</b> – select all of the following groups with which you identify as part of your cultural or family heritage. You may choose more than one.</p>	<ul style="list-style-type: none"> <li>○ Black/African American</li> <li>○ Hispanic/Latinx</li> <li>○ American Indian or Alaska Native</li> <li>○ Native Hawaiians or Other Pacific Islander</li> <li>○ Asian</li> <li>○ White/Caucasian</li> <li>○ Other:</li> </ul>
<p><b>Individuals from disadvantaged backgrounds</b>, defined as those who meet <u>two or more</u> of the following criteria.</p> <p>Please select all of the following groups with which you identify. Detailed information including further definitions are hyperlinked within each criterion.</p>	<ul style="list-style-type: none"> <li>○ <u>First-generation college student: have/had no parents or legal guardians who completed a bachelor’s degree</u></li> <li>○ <u>Were or currently are eligible for Federal Pell grants</u></li> <li>○ Grew up in one of the following areas*:             <ul style="list-style-type: none"> <li>○ <u>a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer,</u></li> <li><u>or</u></li> <li>○ <u>A Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas</u> (Excel file download)</li> </ul> </li> <li>○ <u>Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act</u></li> <li>○ <u>Were or currently are in the foster care system, as defined by the Administration for Children and Families</u></li> <li>○ <u>Were eligible for the Federal Free and Reduced Lunch Program for two or more years</u></li> <li>○ <u>Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child</u></li> </ul>



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**Individuals with disabilities.**

If you would like the U-RISE admissions committee to consider this eligibility criterion for your application, please contact Program Administration at [uriseadmin@txstate.edu](mailto:uriseadmin@txstate.edu) directly to discuss.

- Those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended.](#)

**D. Letters of Recommendation:**

*Please provide information about your two letter writers. Have your letter writers submit their letters directly to Program Administration at [uriseadmin@txstate.edu](mailto:uriseadmin@txstate.edu).*

Faculty Member Name	Faculty Member Relationship to You

**E. Personal Statements**

*For each of the following questions, please provide a paragraph that responds to the prompts:*

- a. Describe your motivation for pursuing a career in biomedical research and the area(s) of research that most interest you.



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b. Please discuss any information that describes your resilience, persistence, passion for science, and/or your approach to challenges that you would like to share with the U-RISE Admissions Committee.

c. (optional) Is there anything occurring in your life that may make impact your ability to carry out your participation in the U-RISE program?

**U-RISE at Texas State Program  
Memorandum of Understanding  
Student Trainee**

This Memorandum of Understanding (MOU) is prepared by the Principal Investigators of the NIH-funded U-RISE at Texas State program and the Departments of Chemistry & Biochemistry and Biology.

**A. Purpose.**

The purpose of this MOU is to set forth the expectations, standards, responsibilities and requirements for all student trainees who join the U-RISE at Texas State program. Agreement with each of these is signified by initialing each statement and signing and dating the MOU in the indicated spaces.

**B. Expectations.**

- I recognize that U-RISE is a full academic year commitment. I will complete my undergraduate education at Texas State University and not transfer to another university. Initials\_\_\_\_\_
- My goal is to pursue a PhD degree, not an MD or any other professional degree. The only exception is the pursuit of a combined medical/dental/pharmacy-PhD degree program at an Institution that offers such a combined program. Initials\_\_\_\_\_
- I will not hold any other employment or time-consuming commitments that interfere with research or activity attendance. Initials\_\_\_\_\_

**C. Standards.**

- I will remain in academic good standing with the program by maintaining a GPA  $\geq 3.0$  during all semesters. If my GPA falls below a 3.0 in any semester, I will be on academic probation and must bring my GPA up to a 3.0 or better in the subsequent semester or be subject to dismissal from the program. If I earn a C grade in any course, I will also be on academic probation for the following semester, and must complete take part in academic coaching, attend tutoring sessions, and provide the program with a plan to improve my academics. Initials\_\_\_\_\_
- I acknowledge that I will be on program probation for earning a D grade in any course, and any additional D grade in the same or any subsequent semester will make me immediately eligible for termination from the program. Initials\_\_\_\_\_
- My performance in the program will be reviewed several times per year by my research mentor and the Oversight Committee. If my mentor or the Oversight Committee detects a pattern of behavior in the lab or U-RISE activities that shows lack of engagement, I will be evaluated for termination from the program. Initials\_\_\_\_\_
- I will maintain high standards of academic and laboratory honesty. Initials\_\_\_\_\_
- I will attend all required program activities, described below. Initials\_\_\_\_\_

### C. Program Activity Requirements.

- I will complete the initial Responsible Conduct in Research training within my first semester of entry to the program. Initials\_\_\_\_\_
- I will complete Texas State University compliance requirements as notified to do so by the University, including required laboratory safety, biosafety, animal handling, and other required training. Initials\_\_\_\_\_
- I will not schedule vacations in the week prior to the semester starting so that I can take part in pre-semester meetings. Initials\_\_\_\_\_
- I will attend the Pre-RISE, U-RISE, and joint U-RISE/STDBP Meetings and Seminars and speaker lunches, generally held on Fridays. Initials\_\_\_\_\_
- I will complete and submit a thesis (or CHEM 4382 final report) and present a final oral presentation prior to graduation. A thesis plan/proposal is due at the end of my first semester in the program. Initials\_\_\_\_\_
- If I apply to PhD programs that require the GRE, I will take the GRE prior to application. Initials\_\_\_\_\_
- I will participate in any other activities identified as required or mandatory. Initials\_\_\_\_\_

### E. Academic Field and Graduate School Requirements.

- I will not change my major from an approved U-RISE TxSt Major: Biology, Biochemistry, Chemistry, Microbiology, Physics, Psychology, Math, or Computer Science. Changing to an unapproved major will result in me having to resign. Not telling the program about such a change will require me to reimburse the program for all funds received since the change. Initials\_\_\_\_\_
- During the November-February time period of my final undergraduate year, I will apply for admission to at least five biomedical, research-focused PhD programs. If at any point while I am in the U-RISE program, I decide NOT to pursue a biomedical, research-focused PhD, or to pursue a PhD in a non-covered field, I must notify the program directors immediately and withdraw from the program. Initials\_\_\_\_\_
- I will not apply to Medical School or other Professional Degree programs, except as a dual degree-seeking applicant to a joint Professional-PhD (e.g., MD-PhD) program. Initials\_\_\_\_\_

## F. Research Activities and Time Commitment

• I agree to work in the laboratory performing research during the Fall 2021 and Spring 2022 semesters according to the following scale, based on enrolled credit hours:

≥ 12 credit hours enrolled	~15 hr/week in lab
9 – 12 credit hours enrolled	~20 hr/week in lab
6 – 9 credit hours enrolled	~25 hr/week in lab
3 – 6 credit hours enrolled	~30 hr/week in lab

I agree to work in the laboratory 40 hours per week in the laboratory performing research during the Summers when I am paid by the U-RISE program. Although some slight allowance may be made for midterms/finals with approval of my research mentor, working consistently fewer hours indicates a lack of interest/engagement and will lead to termination. Initials\_\_\_\_\_

• I understand that at times I will be required to spend more than the required working hours in the laboratory, for example to satisfy requirements for course-related research activities. However, if I am consistently required to work more than the specified times during the long semesters by my research mentor, I will contact a program director. Initials\_\_\_\_\_

• I will diligently seek out a research mentor at Texas State. A permanent lab should be chosen by the end of September 2022. Initials\_\_\_\_\_

SEP:

• I will fully engage with the U-RISE-supported research and learn the foundations and purposes of my experiments and techniques. I will work diligently and responsibly in the lab to earn a strong letter of recommendation. I am expected to eventually have an independent project and drive it forward to completion. I will not plan research experiments that will interfere with required Friday program activities. I will establish a semester schedule of when I will be in the laboratory and provide it to my PI. I am expected to eventually take responsibility for my own project. I will notify my mentor or lab supervisor if I will be absent from the lab (even if I will be at a conference) and I will follow laboratory/mentor policies regarding holiday and between-semester leave. Initials\_\_\_\_\_

## G. Travel and Conference Requirements.

• The program requires and will fund me to attend one conference annually. In my final year at Texas State, this will be ABRCMS. I commit to participating fully in ABRCMS in the fall of my final year at Texas State. Initials\_\_\_\_\_

• I will arrange with my course instructors well before the conference to make-up any material or exams missed in my courses or labs. This may include taking exams or labs early, before I depart for the conference. The program can provide a letter of excuse for these missed classes and labs. Initials\_\_\_\_\_

• I will not bring significant others/family/friends with me to program-funded conferences, or combine conference travel with personal travel. Initials\_\_\_\_\_



### I. Program Course Requirements.

- If there are any alternative section or course requirements, I will not take a course during the scheduled, mandatory U-RISE meetings on Fridays. Initials\_\_\_\_\_
- I must be enrolled in at least 3 credit hours at Texas State University in each of the long semesters during each academic year. Initials\_\_\_\_\_
- I will notify Dr. Karen Lewis or Dr. Sean Kerwin as soon as I am in trouble academically (e.g., course grade below a B or major missed assignment(s)), or if I am considering dropping a course. Initials\_\_\_\_\_

### J. Communication Requirements.

- I will provide current contact information to program staff (phone, cell, functional email) and respond in a timely manner to all correspondence from program staff. Initials\_\_\_\_\_
- I will notify the program as soon as possible if an emergency will require me to miss a required program event (including seminar). Initials\_\_\_\_\_
- I will notify TxSt U-RISE program staff immediately if I need to take time off for extreme personal reasons, if I am considering leaving my laboratory of record, or if I wish to withdraw from the program. Initials\_\_\_\_\_
- I will participate in and quickly and accurately complete all required evaluation activities. Initials\_\_\_\_\_
- I will cooperate with post-graduation evaluation and tracking activities. Initials\_\_\_\_\_

### K. Agreement.

I recognize that my participation in U-RISE at Texas State is a privilege, not a right, and will make every effort to comply with the requirements of the program listed above. If for any reason, I begin to fall short in the program, I must keep the program staff informed and seek their assistance. If I fail to do so, I recognize that my position in this training program may be forfeited and I will be terminated from the program.

Signed:

Name (Printed): \_\_\_\_\_

(Signature): \_\_\_\_\_

Date: \_\_\_\_\_