



Summer College in Biotechnology and Life Sciences  
North Carolina State University  
Campus Box 7244  
Raleigh, NC 27695-7244

Dear Applicant and Parent,

We are excited you are considering Summer College in Biotechnology and Life Sciences (SCIBLS) as an early college and science career exploration activity for Summer 2009. Four courses are offered from July 5 - July 31.

SCIBLS offers limited seats in each course. When the class is full, enrollment is closed. To assist in managing the timeliness of your application, we have a few suggestions for navigating the process.

### **All Applicants**

1. Please PRINT on all forms.
2. Give the Academic Enrichment Opportunities to your school counselor for signature as soon as possible. The counselor will need to sign the form in addition to the principal.
3. Please submit all materials together.
4. Payment of the Program Fee must be made at the time of application. All other costs are billed as incurred by the University.

### **Scholarship Applicants**

1. Give the Teacher/Counselor Recommendation form to someone who can write a reference for you as soon as possible! You'll need to get the form back from them to include with your other paperwork.
2. Start your essay early. Write a rough draft and get someone's opinion of your work. A well-written essay will present you at your best and increase your chances of receiving scholarship funding. Full and partial scholarships will be awarded.

### **Foreign Nationals Without Valid Permanent Residence or Asylum Status**

1. Your application may take the longest amount of time due to the additional paperwork to verify status. Begin with the Foreign National application first!
2. For assistance with the Foreign National application, please call 919.515.2961.
3. Please submit the Foreign National application with the SCIBLS Application.

We look forward to receiving your application!

Ralph A Dean  
Director



**Summer College in Biotechnology and Life Sciences**  
**July 5 - July 31, 2009**

Acceptance to 2009 SCIBLS is on a space available basis. Please submit this application, official high school transcript, and Academic Enrichment Opportunities Form, together with Program Fee to the address shown. Tuition will be billed separately when student has been approved and enrolled in coursework.

Please print or type clearly. You will receive confirmation and schedule via postal mail of your acceptance into SCIBLS. All application documents and fees must be complete and received by NC State University in order to review your application.

**MAIL/FAX APPLICATIONS TO:**  
**SCIBLS Coordinator**  
 NC State University  
 Campus Box 7244  
 Raleigh, NC 27695-7244

**Phone:** 919.513.4678  
**Fax:** 919.513.0024  
**Email:** summer\_college@ncsu.edu  
**Web:** www.cifr.ncsu.edu/scibls

**2009 SUMMER COLLEGE IN BIOTECHNOLOGY AND LIFE SCIENCES APPLICATION**

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME
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MAILING ADDRESS STREET	CITY	STATE/ZIP CODE
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HOME PHONE	PERSONAL EMAIL (please provide an email address that you check regularly)
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**PARENT/GUARDIAN INFORMATION**

FATHER/GUARDIAN LAST NAME	FATHER FIRST NAME
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MAILING ADDRESS STREET	CITY	STATE/ZIP CODE
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HOME PHONE	BUSINESS PHONE	CELL/MOBILE
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FATHER/GUARDIAN EMAIL

MOTHER/GUARDIAN LAST NAME	MOTHER FIRST NAME
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MAILING ADDRESS STREET	CITY	STATE/ZIP CODE
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HOME PHONE	BUSINESS PHONE	CELL/MOBILE
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MOTHER/GUARDIAN EMAIL

**DEMOGRAPHIC/MISCELLANEOUS INFORMATION**

LAB COAT SIZE (LAB COATS WILL SHRINK SLIGHTLY) <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	INDICATE YOUR STATUS FOR FALL 2009 <input type="checkbox"/> Junior <input type="checkbox"/> Senior	DATE OF BIRTH ____/____/____
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CURRENT HIGH SCHOOL	HIGH SCHOOL CITY	COUNTY	ETHNICITY
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How Did You Learn About Summer College In Biotechnology and Life Sciences?

<input type="checkbox"/> Web	<input type="checkbox"/> Teacher	<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Attended last year
<input type="checkbox"/> Newspaper (Name) _____	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	



NC State's

Summer College in Biotechnology and Life Sciences

APPLICANT HONOR SYSTEM – ACADEMIC INTEGRITY

The University Honor System

The University operates a system of student self-government, which is in force during enrollment in the Summer Sessions, as it is in the fall and spring semesters. Every student, therefore, carries the responsibility of good citizenship in student life. This responsibility includes: (1) the duty to respect and uphold the honor system; specifically, to refrain from cheating, stealing, lying and to report any violations; (2) the duty to respect and uphold the Campus Code, namely to conduct oneself so as not to impair significantly the welfare or the educational opportunity of others in the University community.

By my signature below,

- I accept the responsibility outlined above.
I understand that the academic application information submitted will be used to determine my status for admission.
I certify that the information in this application is complete and correct.
I understand that coursework taken through SCIBLS establishes a permanent university transcript and college GPA.
I understand acceptance into SCIBLS 2008 has no bearing on acceptance into NC State University in the future.
I will abide by the student policies of NC State University if selected to participate. I understand failure to abide may result in dismissal without refund.
As a participant in SCIBLS, I may be photographed during participation. I agree to the use of my photograph by NC State University.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN LIABILITY RELEASE FORM (this form MUST be signed by parent/guardian for all participants under 18)

By signing this application, I agree to allow my son/daughter to participate in the 2009 Summer College in Biotechnology and Life Sciences, including laboratory, classroom, field trip and weekend recreational (on and off campus) activities. I agree to release North Carolina State University from any liability should the applicant be harmed during these activities. I release NC State University to use photographs of my son/daughter for program promotional and university reporting purposes.

PARENT/GUARDIAN SIGNATURE

DATE

APPLICATION MATERIALS CHECKLIST

I HAVE ENCLOSED THE FOLLOWING (Incomplete applications jeopardize acceptance into SCIBLS due to first come first served policy):

- SCIBLS Application (including Medical Release)
NC State University Lifelong Education Student Registration Application
NC Residency Form (all NC residents)
Official High School Transcript
Student Statement (Scholarship applicants only)
Teacher/counselor recommendation (Scholarship applicants only)
NC State Academic Enrichment Opportunities Form
\$520 Program Fee Payment Enclosed. Need based scholarship applicants do not need to include the Program Fee with the application.

I UNDERSTAND THE FOLLOWING:

- NC State will send a separate bill for tuition and related fees (in-state resident - \$538, out of state resident \$1,738).
Residential Housing and Dining costs are estimated at \$1000 and are in addition to the Program Fee and Tuition payment. A housing reservation will be made for the student's stay by SCIBLS. Charges will be billed by NC State. Payment is the responsibility of the student.
All meal costs are the responsibility of the student. Dining information will be sent upon acceptance into SCIBLS.

**PAYMENT INFORMATION**

Total program cost per four-week session earning three credits

1. NC resident \$520 Program Fee. Program fee must be included with this application in order to process the application.
2. Tuition will be billed by NC State and is payable based upon the terms outlined on the invoice.
3. Books, housing, parking pass, and meals are costs that will be incurred in addition to Program Fee and Tuition.
4. Housing is estimated at \$500 and will be billed by the University.
5. Program fee does not include lunch.

**\$520 PROGRAM FEE PAYMENT METHOD**

Check enclosed. Make checks payable to NCSU (indicate participant name in the check memo). Please mail with application.

Charge my credit card \$520       Visa       Mastercard  American Express

Cardholder Name (Please print as it appears on card) \_\_\_\_\_

Is This A Corporate Card?  Y  N

Address Credit Card Bill Is Sent To: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature (required) (seal)  
\_\_\_\_\_

**REFUND POLICY**

**TUITION/RELATED FEES REFUND:** Please refer to NC State University Cashier's Office ([www.fis.ncsu.edu/cashier](http://www.fis.ncsu.edu/cashier)) for policies related to refunds of tuition and related student fees. Specific dates for SCIBLS refunds will be outlined in the acceptance letter.

**PROGRAM FEE REFUND:** The \$520 program fee is refundable based on the following: cancellation prior to and including June 15, 2009 will result in a full refund IF SCIBLS is able to fill the vacant slot. Should SCIBLS not find a replacement candidate prior to June 22, 2009 the program fee will be forfeited.

**MAIL/FAX COMPLETED APPLICATION, FORMS, AND PAYMENT TO:**  
SCIBLS REGISTRATION COORDINATOR,  
North Carolina State University  
Campus Box 7244  
Raleigh, NC 27695-7244

PHONE: 919.513.4678  
FAX: 919.513.0024  
EMAIL: [summer\\_college@ncsu.edu](mailto:summer_college@ncsu.edu)

**Note:** Application will not be processed without Program Fee payment.

Those who pay tuition will be billed by NC State upon enrollment in coursework. Payment is made to NC State.

**Academic Enrichment Opportunities (AEO) Program Form**  
**for the**  
**2009 Summer College in Biotechnology and Life Sciences**  
**July 5 - July 31, 2009**

(Please print)

Name \_\_\_\_\_

Address (include city, state, and zip) \_\_\_\_\_

Phone number \_\_\_\_ . \_\_\_\_ . \_\_\_\_ E-Mail \_\_\_\_\_

High School \_\_\_\_\_

**Requested Course: (Number each course 1- 4 By Preference)**

- \_\_\_ PP 495: Introduction to Molecular Biology (*High School Biology prerequisite*)
- \_\_\_ MB/BCH 495: Introduction to Microbiology and Biochemistry (*High School Biology and Chemistry prerequisite*)
- \_\_\_ BEC/MB 180: Introduction of Applied Bioprocessing (*High School Biology and Chemistry prerequisite*)
- \_\_\_ ES100: Introduction to Environmental Science (*No prerequisite required*)

I understand that by taking this class, I am establishing a permanent college record. I agree to have my grades released to my high school. I pledge that I will adhere to the NC State Code of Student Conduct and that I will uphold the highest level of academic integrity by not participating in any form of academic misconduct.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

*My son/daughter has my permission to participate in the AEO program. I am aware of all the guidelines and rules of the AEO Program. I will pay the required tuition and fees. I am aware of the hours my son/daughter will be in attendance at the University.*

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

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**High School Officials: Please review EACH criteria, verify that BOTH have been satisfied, and sign:**

- ***Student's cumulative weighted GPA is 3.5 or higher***
- ***Student is on track to graduate on time***

I certify that BOTH criteria are satisfied and recommend enrollment in the above course.

\_\_\_\_\_  
Signature of Counselor Phone number \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Phone number \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Date \_\_\_\_\_