



**ABRI Application  
(Amarillo Biomedical Research Internships)**

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

**A. Contact Information**

Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_ Your Mailing Address While at School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Your Emergency Contact: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Other Contact Phone #s (Home, Work, Cell): \_\_\_\_\_

**B. Academic Information**

University: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major in School: \_\_\_\_\_

Year in School: \_\_\_\_\_ Science GPA: \_\_\_\_\_

**C. Coursework and Grades – see page 2**

**D. Future Educational and Future Career Goals – see page 3**

**E. Confidential Letter of Recommendation from a Science Teacher**

Please complete items A-E and mail to:

Teresa Carlisle  
Graduate Program Coordinator  
Graduate Program in Pharmaceutical Sciences  
School of Pharmacy  
Texas Tech University Health Sciences Center at Amarillo  
1300 Coulter, Room 217, Amarillo, TX 79106  
**Application Deadline: March 15th by 5:00p.m.**

Applicant: \_\_\_\_\_

## **ABRI Application**

Please list your coursework and grades to date or enclose a copy of an unofficial transcript.

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Applicant: \_\_\_\_\_

## **ABRI Application**

Please state your career goals and interests.

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