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|  | **2020 Summer Research Fellowship Application** |

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| Full Legal Name (Last, First, Middle) |
| Indicate Other Name(s) You Have Used on any documents you will be using in support of this application  (Last, First, Middle) |
| Major: |
| College: |
| Year: |
| Expected graduation month/year: |

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| **Contact and Background Information** | | |
| Current Mailing Address  Number and Street, Apartment Number or Mail Code  City, State, Zip Code | | |
| Phone Number | Alternate Phone Number | |
| Email (complete only if we can use this address to contact you throughout the application process) | | |
| Permanent Mailing Address (if applicable)  Number and Street, Apartment Number or Mail Code  City, State, Zip Code | | |
| Citizenship (check one)  U.S. Citizen (born or naturalized)  U.S. Permanent Resident – Alien Registration Number: A# | | |
| Gender (check one)  Male  Female | | |
| Race/Ethnic Group (optional) | | |
| Native or Alaskan Native  Asian or Pacific Islander  Black or African American, not of Hispanic origin  White, not of Hispanic origin  Other | | Mexican American  Puerto Rican  Cuban  Other Hispanic |

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| **Research Interest** | | | | |
| Rank your research field of interest: :  Research Field 1:  Research Field 2:  Research Field 3: | | | | |
| Notes: | | | | |
| **Undergraduate Degree History** | | | | |
| Provide your cumulative GPA for the last 60 hours/ 2 years.      /4.0 For assistance with the calculation of your GPA, please refer to the following website: <http://www.uic.edu/depts/oar/forms/gpa_tool.xls> | | | | |
| Name of College/University | Location (City, State) | Field of Study | Degree | Date Awarded/ |
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| **Awards and Honors** | | |
| Year | Award | Institution |
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| **Attachments** | |
|  | Letter of intent describing your research interests and career goals |
|  | Letter of recommendation from science/academic/research mentor |

**I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for participation in this program or subject to dismissal if awarded. I have read this application and certify that the statements I have made on this application are correct and complete.**

Signature

Date

**We reserve the right to accept only credentials or documents deemed authentic. We also reserve the right to request a professional credential evaluation. All documents submitted with this application become the property of University of Illinois at Chicago.**

**Only complete applications will be considered. Submit by email, this original signed application form with required attachments by May 15, 2020 to:**

**Amsa Ramachandran (**[**aramach@uic.edu**](mailto:aramach@uic.edu)**)**

**Office of Research**

**College of Dentistry**

**University of Illinois at Chicago**

**312-413-1160**