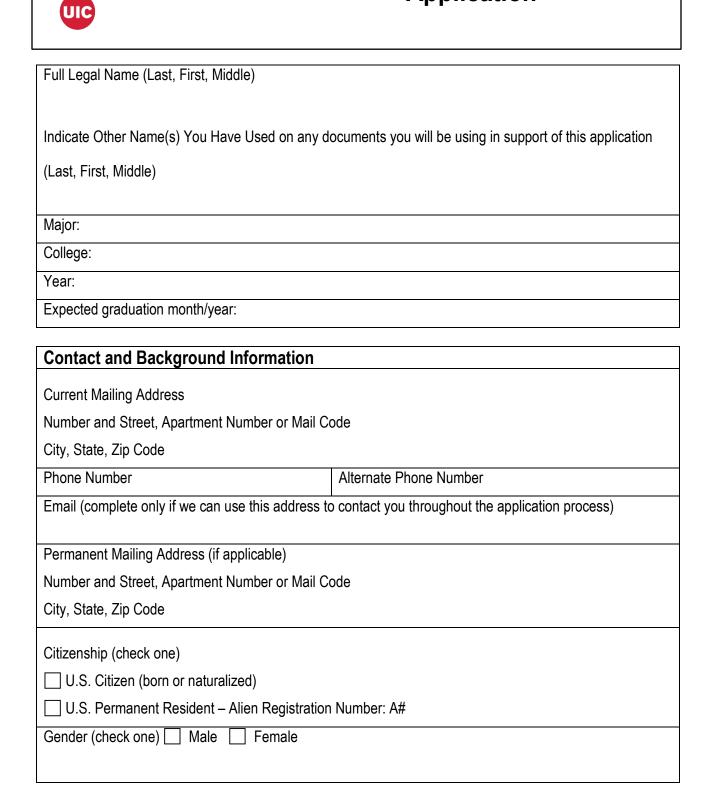


2021 Summer Research Fellowship Application





COLLEGE OF DENTISTRY 2021 Summer Research Program



Race/Ethnic	Group (optional)							
	r Alaskan Native			Mexican American				
Asian or Pacific Islander				Puerto Rican				
Black or African American, not of Hispanic origin				Cuban				
	ot of Hispanic origin			Other Hispanic				
Other	ot of thopatho origin							
Other								
Research Interest								
Rank your re	esearch field of intere	est: :						
Research Fi	eld 1:							
Research Fi	Research Field 2:							
Research Field 3:								
Notes:								
Undergre	duata Dagraa Lia	4om.						
Undergraduate Degree History Provide your cumulative GPA for the last 60 hours/ 2 years. /4.0								
Provide you	i cumulative GPA for	the last ou hours/ 2 years	٠.	/4.0				
For assistance with the calculation of your GPA, please refer to the following website:								
https://uofi.a	pp.box.com/s/jgvci9u	ırwv2ucce5x3hjfhxpcug5tı	<u>uvh</u>					
Name of College/University		Location (City, State)	Field of Study	Degree	Date Awarded/		
Awards a	nd Honors							
Year Award				Institution				



OF DENTISTRY 2021 Summer Research Program

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				
J				
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 07, 2021 to:

Amsa Ramachandran (aramach@uic.edu) Office of Research **College of Dentistry** University of Illinois at Chicago 312-413-1160