



UNIVERSITY OF
ILLINOIS CHICAGO

College of Dentistry

2022 Summer Research Program Application

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:

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)

- | | |
|--|---|
| <input type="checkbox"/> Native or Alaskan Native | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Black or African American, not of Hispanic origin | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Other | |

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:

<https://uofi.app.box.com/s/jqvci9urwv2ucce5x3hjfhnpcug5tuvh>

Name of College/University	Location (City, State)	Field of Study	Degree	Date Awarded/

Awards and Honors

Year	Award	Institution



Attachments	
<input type="checkbox"/>	Letter of intent describing your research interests and career goals
<input type="checkbox"/>	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.

Submission Instructions:

Only complete applications will be considered. The original signed application form with all required attachments must be emailed by April 26, 2022 to:

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