



UNIVERSITY OF  
**ILLINOIS CHICAGO**

College of Dentistry

## 2024 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**

Select 3 areas of research interest and potential mentors. Find information at,  
<https://dentistry.uic.edu/dentistry-research/dentistry-research-areas/>

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/jgvci9urwv2ucce5x3hjfhxpcug5tuvh>

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

**Awards and Honors**

Year	Award	Institution

<b>Attachments</b>
<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. Reference letters may be attached to the application or emailed separately. All documents submitted with this application becomes the property of University of Illinois Chicago.

**Submission Instructions:**

Only complete applications will be considered. The original signed application form with all required attachments must be emailed by March 15, 2024 to:

Amsa Ramachandran ([aramach@uic.edu](mailto:aramach@uic.edu))  
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College of Dentistry  
University of Illinois at Chicago  
312-413-1160