



IDEALS REU Application Form

Date: _____

Last Name: _____

First Name: _____

Address: _____

City, State _____

Zip/Postal Code _____

E-mail _____

Home Phone: _____

Cell Phone: _____

Education:

Type of School	Name of School and Date Started to Attend	No. of years completed as of July 2016	Major/Degree
College 1:			
College 2:			
Professional School			
Other			

Plans after graduation:

PhD

Medical School

Pharmacy School

Undecided

Other

Primary Interest:

Engineering

Physics

Chemistry

Materials Science

Other

List two references

Name		
Title		
Department		
Telephone		
E-mail		

Statistical Information:

Male

US Citizen

White, non-Hispanic

Native American

Female

US Permanent Resident

African American

Asian/Pacific Islander

Hispanic

Other