



## 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 2019	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