

NSF-REU Environmental Chemistry at The University of Montana

June 1 – July 24, 2009

Application for Summer Undergraduate Research Position

Deadline: March 1, 2009

Mail or e-mail application materials (letters of reference must be signed and mailed) to:
Dr. Earle Adams, University of Montana, Department of Chemistry, REU Program, Missoula, MT 59812
Phone: 406-243-4196, earle.adams@umontana.edu
(PLEASE TYPE OR PRINT CLEARLY)

NAME: _____

College or University: _____

Major: _____ Current Class: Fresh _____ Soph _____ Jr. _____ Sr. _____

GPA: _____ Overall _____ Major _____

Graduation: Month and Year: _____ Degree: _____

Have you had any previous research experience? (e.g., Internship / Co-op) If needed, continue on separate page.

Permanent Address: _____

Permanent Phone: _____

College Address: _____

Tel. No. _____ (Home) _____ (Other- e.g., lab, cell)

E-mail address: _____

Correspondence should be sent to college address _____ or home address _____

Please check applicable items: Male _____ Female _____

U.S. Citizen _____ U.S. Permanent Resident _____

Ethnicity _____ Disability _____
Please specify (for our records only)

Prioritize Project(s) of interest by mentor (see information materials)

First Choice: _____

Second Choice: _____

Third Choice: _____

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Required application materials

Send materials together:

1. Application form _____
2. Resume _____
3. Statement of goals (500 words or less on how this program will contribute to your goals) _____
4. Transcript _____
5. Two reference letters _____

Two reference letters and an official transcript can be mailed separately, however they should be postmarked no later than the deadline, 3/01/06. If reference letters are included in the application, they should be sealed in envelopes with the signature of the recommender across the seal.

Special housing needs

Will you be bringing a family member(s) or do you have a special housing need? Yes _____ No _____

Will you need daycare? Yes _____ No _____

Please explain or list the name(s) and relationship(s) of your family member(s):

References

Name: _____

Address: _____

Phone: _____

E-mail: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Signature _____ **Date:** _____