

APPLICATION FORM
Summer Undergraduate Research Experience (SURE)
Summer 2009

Name:

Last First Middle

Date of Birth: ____/____/____
Mo Day Yr

Gender: Male Female

College or University: _____

Academic Standing as of June, 2008

Freshman Sophomore Junior Senior

Major: _____

Number of Credits taken in your major: _____

Overall Grade Point Average: _____

Grade Point Average within Major: _____

Relevant Courses Completed (by descriptive name):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If additional space is needed, please list those courses on the back of this page.

Current Address: _____

Current Telephone :(_____) _____

Permanent Home Address:

Home Telephone :(_____) _____

E-mail: _____

Country of Nationality: _____

(Please note that you must be a US citizen or a permanent resident to apply for the SURE Program and that you will be asked to show the appropriate documents).

To assist the University comply with our commitment to the National Science Foundation, we ask you to identify your ethnic background. Please, underline or circle your ethnic group.

African American

Hispanic/Latino

Mexican-American, Chicano/a, etc.

Puerto Rican

Cuban

Dominican

Salvadoran

Other (Please specify): _____

Native American

Asian

Non-Hispanic White

Other: _____

Signature of Applicant Date