**1. Personal Information**

First Name:       Last Name:

E-mail:       Phone:

Date of Birth (mm/dd/yyyy):       U.S. Citizen:  Resident Alien:

**Your Address at School:**

Street/Dorm:       School Name:

City:       State:    Zip:

**Use my School Address Until:** **I am Difficult to Contact (from-to):**

**Your Permanent Address:**

Street:

City:       State:    Zip:

Phone:

**2. College/University Attendance**

**College/university in which you are currently enrolled:** Name:

City:       State:

Dates of attendance (mm/yyyy): From:       To:

**Plans after Graduation:** Graduate School  Employment

Undecided  Other:

**3. Transcript & GPA**

**A transcript, including Fall 2016 grades, must accompany this application. Copies are acceptable.**

Overall GPA:

# Our web site: http://www.eversource.uconn.edu/ lists specific projects that are representative for the projects you might participate if you were selected, and it also provides links to each faculty member. Please list your 1st, 2nd, and 3rd choice and professor name from the research project list.

**First Choice:**

**Second Choice:**

**Third Choice:**

**5. Personal Statement**

Write a short assay detailing your previous research experiences, personal and professional goals, and how you believe this program would assist in attaining them:

4000 characters, including spaces, maximum lengths

**5. Letters of Recommendation**

Please arrange for two letters of reference from those familiar with your academic work. Even though we are asking for this information, it is your responsibility to request that the letters be sent to us by these references. The letters may be e-mailed to the address provided at the bottom of Page 3.

Recommender 1 Recommender 2

First and Last Name:       First and Last Name:

Title:       Title:

Institution:       Institution:

City, State:       City, State:

Email:       Email:

Phone:       Phone:

**6. Waiver**

I hereby grant the EEC program permission to use the information I have provided here, with the provision that none of this information about me will be accessible to anyone other than the qualified researchers performing the aggregation of information from all applicants and the statistical analysis of that aggregate data, and that these researchers will not report, disclose, or publish any specific information about me individually.

Accept  Reject

**7. Signature**

If submitting electronically, please type your full name in the ‘Signature’ field.

**Signature:**       **Date (mm/dd/yyyy):**

|  |  |
| --- | --- |
| Applications may be returned by email: marina.astitha@uconn.edu  Phone: (860) 486-3941 |  |