

Please provide a brief statement (one page typed) describing your research/academic goals and career goals in scientific research. Discuss why you wish to participate in this program.

List below the name and title of one faculty member of whom you have asked to write a letter of support for you application. This individual should be familiar with your academic and research abilities.

Name: _____

Title: _____

Email: _____

Telephone Number: _____

The reference should send their letters of recommendation directly to:

Dr. Shelly B. Blunt
Pott College of Science and Engineering
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
sblunt@usi.edu

Please send your completed application form and your statement describing your research/academic and career goals and why you wish to participate in this program to Dr. Shelly Blunt at the address above.

I understand that in accepting participation, I commit myself to be present at the University of Southern Indiana from May 11, 2009 through July 3, 2009. I shall arrange all personal and academic obligations so that I can devote my full efforts to this Summer Research Program.

Signature

Applications are due February 6, 2009 by 4:30 PM in the Dean's Office (SC 2206).