**Application -- Due February 15**

**Summer REU (Research Experience for Undergraduates) Program**

***Center for Emergent Materials* at *The Ohio State University***

#### Please return forms to: CEM/REU, 2006 Physics Research Building, 191 W. Woodruff Ave., Columbus, OH 43210-1117 or by email to Michelle McCombs at [cem-reu@osu.edu](mailto:cemreu@osu.edu)

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Name Date

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Home Address Address while at school

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Home City, State, Zip code School City, State, Zip code

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Telephone Number (Home) Telephone Number (Cell)

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Email Address

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Emergency Contact, with phone number and address

**Are you a US citizen, national or a permanent resident**? \_\_\_\_Yes \_\_\_\_ No

**Ethnicity**: \_\_\_\_African American **Gender**: \_\_\_\_M **Declared Disability**: \_\_\_\_Y

\_\_\_\_Asian \_\_\_\_F \_\_\_\_N

\_\_\_\_Caucasian \_\_\_\_Decline to answer \_\_\_\_Decline to answer

\_\_\_\_Hispanic

\_\_\_\_Native American

\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Decline to answer

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When do you expect to receive your undergraduate degree?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present College or University and Dates Attended:

Past College or University and Dates Attended:

Major/Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall GPA\_\_\_\_\_\_\_ Current GPA in your major \_\_\_\_\_\_\_\_\_

**Please submit a current official transcript.**

**HONORS OR AWARDS**:

**EXPERIENCE AND GOALS:** Please describe your previous laboratory or other research experience, if any. Include practical experience, e.g., electronics, computer repair or programming, etc. Please also describe your career goals and how these experiences and the REU will help you achieve them. (Please submit your answer to this question as an essay on a separate page.)

**SCIENTIFIC AREA OF INTEREST:** Please explain what sort of research interests you, so we can match you with a suitable advisor. We recommend that you check our CEM website to see what our faculty are doing, and suggest projects that look particularly interesting. Please start on this page: http://cem.osu.edu/research/ and click the blue links for IRG-1, IRG-2 and Seed Funding Program to link to specific faculty members (listed at the bottom of each respective page). (Please submit your answer to this question as an essay on a separate page.)

**OPTIONAL:** Please describe your reasons for applying for this program. In this essay, you might include any personal circumstances, e.g. financial need, family support, etc. that make this program particularly appealing. You may wish to explain here any special circumstances that the transcript does not adequately represent. (Please submit your answer to this question as an essay on a separate page.)

**REFERENCES**: Letters of reference from two people who are familiar with your scientific background and preparation are required. Please forward the reference forms below.

My reference letters will be provided by:

Name Institution Title

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Recommendation**

Deadline 15 February

**Summer REU (Research Experience for Undergraduates) Program**

***Center for Emergent Materials* at *The Ohio State University***

Please provide an assessment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is an applicant for the Ohio State University *Center for Emergent Materials* Summer REU program. Please indicate the student’s scientific ability and potential. Can the student work independently? Does the transcript give an accurate reflection of the student’s abilities?

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Your Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Institution

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Mailing Address Email Address

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Your Name Title

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Signature Institution

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