



OSCAR Undergraduate Summer Research Application Form

APPLICANT INFORMATION (Please Print)

NAME (LAST, FIRST, MIDDLE INITIAL)				STUDENT ID D-NUMBERS (DSU STUDENTS ONLY)			
HOME ADDRESS				LOCAL ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS FOR CONTACTING YOU:				TO BE ELIGIBLE FOR SUPPORT YOU MUST BE A US CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): _____			

WHICH OSCAR RESEARCH PROGRAM ARE YOU INTERESETED IN JOINING FOR THE SUMMER?

(Please indicate your preference(s) 1, 2, or 3)

Laser Spectroscopy	Atomic & Molecular Optics	Biophotonics	Data Mining
Laser Gyroscope	Biomedical Imaging	Optical Solitons	Other

ACADEMIC STANDING

STATUS (CURRENT): FR SO JR SR (CIRCLE ONE)	CURRENT MAJOR _____	CUMULATIVE GPA _____	EXPECTED GRADUATION DATE: _____
NAME OF COLLEGE ATTENDING	COLLEGE ADDRESS	COLLEGE PHONE (MAIN) NUMBER	COLLEGE (MAIN) EMAIL ADDRESS

Please tell us about previous research experiences: _____

Housing: Yes _____ No _____

How did you hear about the OSCAR Summer Research Program: _____

I UNDERSTAND THAT THIS IS A FULL-TIME APPOINTMENT, AND THAT I MAY NOT CONCURRENTLY HOLD OTHER EMPLOYMENT OR ATTEND SUMMER SCHOOL.	
SIGNATURE: _____	DATE: _____

Please attach your college transcript, a resume and a letter written by one of your professors recommending you for a summer research position in the OSCAR Program.

Return to Ms. Jacquelyn Jones, Associate Director for Outreach, OSCAR, Delaware State University, 1200 N. DuPont Highway, OSCAR Building, Room 311, Dover, DE 19901