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Hughes Undergraduates Excelling in Science Research Application

For applicants enrolled at EMORY UNIVERSITY

Downloaded from:
http://www.cse.emory.edu/hues/

NOTE: All items marked with an asterisk (*) **must be** filled

*** Campus Mailing Address:**	*** Permanent (Home) Address:**
*** Campus Phone:** ( )	*** Permanent Phone:** ( )
**** Effective dates for above campus contact information:***	**** Effective dates for above permanent contact information:***

*** E-mail Address:**
Updates will be sent to this address (LearnLink address preferred).

**** Effective dates for e-mail address above:***

APPLICANT'S NAME & CONTACT INFORMATION:

*** Last Name:**

*** First Name:**

*** Middle Initial:**

PERSONAL INFORMATION: This information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be used only in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendment of 1972. Emory University's Office of the Registrar will require this information in order to process all fellowship awards; our office uses this information to track program application trends.

Ethnicity: African-American/Non-Hispanic American Indian Asian or Pacific Islander Hispanic White/Non-Hispanic Other:

Place of Birth (Town, State and Country)**:**	**Gender**: Female Male
Date of Birth (Month/Day/Year)**:**	**Emory ID Number:**
Are you a US Citizen? (yes/no)**:**	**If not, of what country are you a citizen:?**

If not a US Citizen, indicate visa type:

ACADEMIC INFORMATION:

*** What is your expected graduation date (month/year):**

*** By next Fall, your total credit hours will make you a: 1st year sophomore junior senior**

*** What is your major?:**	*** What is your minor?:**
*** What is your overall GPA?:**	*** What is your GPA for all *science* courses?:**

RESEARCH PROJECT:

*** Project Title:**

*** Your Research Mentor's Name:**

*** You Research Mentor's Campus Mail Address** (Dept., Bldg., Room # to which correspondence can be delivered)**:**

*** Your Mentor's phone number:**

*** Your Mentor's fax number:**

*** Your Mentor's e-mail address:**

IN ADDITION TO THIS FORM, you also must submit the following:

transcript (may be unofficial)
letter of recommendation from proposed mentor
mentor-approved research proposal

Late materials will not be reviewed.