Application Checklist Astronomy REU Program Department of Physics & Astronomy, University of Wyoming

Deadline: February 14, 2014

- 1. Application Form Fill out and return the accompanying application form. This includes your one page statement.
- 2. Letters of Recommendation Arrange to have two letters of recommendation sent on your behalf. Referees should send their letters directly to the Physics & Astronomy department either by mail or email.
- **3.** Transcripts Send transcripts of all your undergraduate coursework to the address below. Note: Copies or unofficial transcripts are fine.

All application materials may be emailed to physics@uwyo.edu.

If sent via Snail Mail please address to:

Professor Daniel Dale
Department of Physics & Astronomy
University of Wyoming
1000 E. University Ave.
Department 3905
Laramie, WY 82071

Phone: 307-766-6150 Fax: 307-766-2652

Application

Astronomy REU Program Department of Physics & Astronomy, University of Wyoming

| Name: | | | |
|--|-----------------------|---------------------------|----------------|
| E-mail Address: | | | |
| Telephone: | | | |
| Your Current Major(s): | | | |
| Anticipated Graduation Date: | | | |
| Overall GPA: | | | |
| | | | |
| Do you have a disability that requires special arrangements for housing or in the lab? Yes No | | | |
| Participants must be U.S. citizens or permanent U.S. residents. Check as appropriate: | | | |
| | U.S. Citizen ☐ Per | manent Resident \square | |
| To help the University comply with a commitment to the U.S. Department of Health, Education and Welfare, you are urged to identify your ethnic background. You may decline to do so without prejudicing the action taken on your application. Please check all that apply. | | | |
| Race: ☐ Black/African American ☐ Native American/Native Alaskan ☐ Asian ☐ White | | | |
| Ethnicity: Hispanic | ☐ Non-His | panic | |
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| | References – people v | ou asked to send letters | |
| Name | Position | Institution | Email |
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| Academic History Institution City & State Dates Attended | | | |
| Institution | City 8 | x State | Dates Attended |
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STATEMENT: Please provide a brief (limit one-page) statement of career goals and reasons for wanting to participate in the program.