



PROFESSIONAL REFERENCES

Have each reference complete a recommendation form and send it directly to Linda Peters.

_____	_____
Name	Name
_____	_____
_____	_____
Address	Address
( ) _____	( ) _____
Office Telephone No.	Office Telephone No.

Please list the three research projects, **in order of preference**, on which you would like to work. Descriptions of the available research projects may be viewed at the web page [www.wise.uc.edu](http://www.wise.uc.edu) for the UC WISE REWU Program.

	Project	Project Advisor	Date of Meeting with Advisor
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\_\_\_\_\_ Check here if you have no preference amongst the projects you listed above.

- ON A SEPARATE PAGE, WRITE A 500-WORD DESCRIPTION OF YOUR REASONS FOR WANTING TO PARTICIPATE IN THE PROGRAM, WHAT YOU HOPE TO GAIN FROM THIS EXPERIENCE, AND YOUR CAREER PLANS AT THE PRESENT TIME.
- ATTACH A UC TRANSCRIPT.

*Please note that applicants selected for the summer program must participate during the entire twelve weeks.*

I ATTEST THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE.

_____	_____
SIGNATURE	DATE

SEND COMPLETED APPLICATION TO:

Linda Peters  
University of Cincinnati, 2614 McMicken Circle, Room 240 Van Wormer  
ML 0631 Phone: (513) 556-0026 Fax: (513) 556-7861  
Cincinnati, OH 45221-0631

FOR QUESTIONS CONCERNING THE REWU 2006 PROGRAM, CONTACT:

Urmila Ghia, Chair, REWU 2006 Program  
Women in Science and Engineering (WISE)  
Department of Mechanical, Industrial and Nuclear Engineering  
683 Rhodes Hall Phone: (513)-556-4612  
University of Cincinnati  
Cincinnati, OH 45221-0072

**ALL APPLICATIONS MUST BE RECEIVED BY March 1, 2006.**