

PROFESSIONAL REFERENCES

Have each reference complete a recommendation form and send it directly to Patrice Woerner.

_____	_____
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 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.

*** This column of Dates of Meeting with Project Advisor is an essential requirement for your application to be considered.**

- 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 of the Program.

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

_____	_____
SIGNATURE	DATE

SEND COMPLETED APPLICATION TO:
 Patrice Woerner
 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 2007 PROGRAM, CONTACT:

Urmila Ghia, Chair, REWU 2007 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, 2007.