

University of Cincinnati
Women in Science and Engineering (WISE) Program

APPLICATION FORM

Research Experience for Women Undergraduates (REWU)
UNDERGRADUATE SUMMER RESEARCH PROGRAM IN
SCIENCE AND ENGINEERING
2010

NAM E: _____
Last First Middle

CURRENT ADDRESS: _____

TELEPHONE NUMBER: (____) _____

EMAIL: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: (____) _____

COLLEGE: _____ MAJOR: _____

ANTICIPATED GRADUATION: _____
Month Year

CUMULATIVE COLLEGE GPA: _____ on a 4.00 Basis.

LIST YOUR SPRING 2010 COURSE SCHEDULE BELOW.

COURSE NUMBER	CREDITS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please continue on next page)

PROFESSIONAL REFERENCES

Have each reference complete a recommendation form and send it directly to Patricia Runtz.

_____	_____
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 (Not the desired situation).

* **This column of Dates of Meeting with Project Advisors is an essential requirement for your application to be considered. Contact the Project Advisors early, to allow adequate time to schedule appointments, for these meetings to occur much before the Application deadline of March 1, 2010.**

- 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 OFFICIAL 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:
 Patricia Runtz
 University of Cincinnati, 2614 McMicken Circle, Room 340 Van Worman
 ML 0635 Phone: (513) 556-6047 Fax: (513) 556-6050
 Cincinnati, OH 45221-0635

FOR QUESTIONS CONCERNING THE REWU 2010 PROGRAM, CONTACT:
 Urmila Ghia, Chair, REWU 2010 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, 2010.