



CREOSA Undergraduate Summer Research Application Form

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)				STUDENT ID D-NUMBERS (DSU STUDENTS ONLY)			
HOME ADDRESS				LOCAL ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS FOR CONTACTING YOU:				TO BE ELIGIBLE FOR SUPPORT YOU MUST BE A US CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): _____			

WHICH CREOSA RESEARCH PROGRAM ARE YOU INTERESETED IN JOINING FOR THE SUMMER?

(please indicate your preference(s) 1, 2, or 3)

APPLIED OPTICS LAB	ATOM PHOTONICS	MOLECULAR BIOPHOTONICS	OTHER

ACADEMIC STANDING

STATUS: FR SO JR SR (CIRCLE ONE)	CURRENT MAJOR _____	CUMULATIVE GPA _____	EXPECTED GRADUATION DATE: _____
NAME OF COLLEGE ATTENDING	COLLEGE ADDRESS	COLLEGE PHONE (MAIN) NUMBER	COLLEGE (MAIN) EMAIL ADDRESS

ARE YOU INTERESTED IN HOUSING? (CIRCLE ONE)

Yes No Undecided

I UNDERSTAND THAT THIS IS A FULL-TIME APPOINTMENT, AND THAT I MAY NOT CONCURRENTLY HOLD OTHER EMPLOYMENT OR ATTEND SUMMER SCHOOL.

SIGNATURE: _____

DATE: _____

Please attach your college transcript, a resume and a letter written by one of your professors recommending you for a summer research position in the CREOSA Program.

Return to: Mrs. Shonda Poe, CREOSA Assistant to the Director, Delaware State University, 1200 N. DuPont Highway, Luna Mishoe Science Center S206, Dover, DE 19901