



**University of Illinois at Chicago
Graduate College
2017 Summer Research Opportunities Program Application**

Summer Research Opportunities Program Dates: June 1, 2017 – July 28, 2017

Applications must be submitted or postmarked by the deadline: February 3, 2017

Applications and supplemental documents (recommendation letters, statements, and official transcripts) are due by the deadline shown above. If possible please send all materials together. SROP applicants must be United States citizens or permanent residents.

**SROP- Attention Allen J. Bryson
607 University Hall (MC 192)
601 South Morgan Street
Chicago, IL 60607-7106**

**Telephone: (312) 413-2558
Fax: (312) 413-0185
E-mail: sropuic@gmail.com**

**Please Print Clearly when you fill out the pages of this form.
After downloading and printing the application, fill out and then mail form to:**

Personal Information (Please list your Full Name as it appears on identification and official documents)

<input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name		First Name		Middle Name
Date of Birth (mm/dd/yyyy)	Social Security #		UIC & UIUC Students Only UIN #		
	Last 4 Digits Only ()				

Current / Mailing Address		Permanent Address	
Number & Street		Number & Street	
Apartment		Apartment	
City		City	
State		State	
Zip Code		Zip Code	
Home Telephone Number		Mobile Telephone Number	E-Mail Address

Citizenship	Ethnicity	
<input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: _____	<input type="checkbox"/> African-American <input type="checkbox"/> Mexican American <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Native American / Tribal Affiliation

Academic Information

Will you be the first person of your immediate family to graduate from a four-year institution?	Have you participated in a summer research program before?	Current Undergraduate status/ classification:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes: Program: _____ Location: _____ <input type="checkbox"/> No	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior



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Current Academic Institution

Institution		Location	
Major		Overall Grade Point Average (4.0 scale)	
Degree Sought		Anticipated Graduation Date (mm/yyyy)	

Academic Advisor Information		Hours earned toward Undergraduate degree:		Have you taken the Graduate Records Exam (GRE)?
Name		Major		<input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address		Overall		

Other / Prior Academic Institution

Institution Attended	Major/ Department	Degree	Date Received (mm/yyyy)

Please list and describe courses taken that support your research interests?

Title of Course	Description	Level of Course	Grade Received	Instructor's Name

Are you affiliated with any research programs/organizations?

McNair
 MARC
 LSAMP
 Other: _____

Check the post baccalaureate areas that interest you.

Graduate programs:
 Master's
 M.DES
 Ph.D.
 M.D. / Ph.D.



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Research Interests

List Below, at least two research topics / projects in which you are interested:

- 1.
- 2.
- 3.

Potential Faculty Mentor (for UIC applicants only)

* Non UIC applicants are not required to locate faculty mentors.

Have you already spoken to a prospective mentor should you participate in the UIC SROP Program?

Yes

No

If yes, please list the prospective mentor's information:

If no, please visit www.ure.uic.edu to help you locate prospective faculty mentors who may be looking for student researchers over the summer. Please list their information:

Full name			Full name	Department
E-mail Address		1.		
Department		2.		

PLEASE NOTE: UIC applicants (only) are required to secure their own faculty mentor.

Applications from UIC students without a confirmed faculty mentor will be considered incomplete.

Any inquiries about obtaining faculty mentors can be directed to **SROP Director, Allen Bryson** ajbryson@uic.edu or (312) 413-2558.

Please have your potential faculty mentor fill out the portion below.

Prospective UIC Faculty

Please complete this section for the applicant:

I have agreed to serve as a faculty mentor for **(student)** _____ during the Summer Research Opportunities Program, summer component. **Name (please print)** _____

Department _____ **Phone** _____ **E-mail address** _____

Signature _____ **Date** _____

Please provide a brief description of the proposed project:

Would you consider supervising more SROP students this summer? If yes, how many? _____

Campus Housing

UIC SROP will provide housing for students during the program. Will you require campus housing over the summer?

Yes

No



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Additional Information

Please use separate pages for each statement and give detailed responses:

1. **Statement of Purpose**

Discuss why you want to participate in the Summer Research Opportunities Program at UIC. Describe how you will benefit personally and academically, and whether participation will affect the achievement of your career goals.

2. **Research Interest Statement**

Please describe your specific research interests, as well as academic and career goals. Discuss the skills that you have that will be useful in your research (computer competency, qualitative/quantitative research skills, knowledge about statistical programs, etc.). Consult our website (www.uic.edu) under Academic Departments, and indicate in your statement faculty and research projects that interest you.

3. **Letters of Recommendation**

Please include **two letters of recommendation** in sealed envelopes. The letters should come from faculty and not teaching assistants or staff persons. The recommenders should be able to discuss your ability to conduct independent research under the supervision of a faculty mentor. They should also be able to evaluate your potential for graduate school; taking into consideration your accomplishments, intellectual proficiency, independent work habits, capacity for critical and analytical thinking, and ability to organize and express ideas clearly and intelligently.

4. **Transcripts**

Please send an official copy of your transcripts to:
SROP at UIC Graduate College (M/C 192)
University Illinois at Chicago: 607 University Hall
601 South Morgan Street
Chicago, Illinois 60607-7106
(312) 413-2558

How did you hear about SROP @ UIC

- | | | |
|---|---|---|
| <input type="checkbox"/> Department Posting | <input type="checkbox"/> CIC Recruitment Activity | <input type="checkbox"/> Faculty / University Staff |
| <input type="checkbox"/> E-Mail Posting | <input type="checkbox"/> Friends / Family | <input type="checkbox"/> Website Posting |
| <input type="checkbox"/> Other (please explain) _____ | | |



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Application Checklist

Please complete this form and return with application.

Applicant's Name: _____

- Application Checklist
- Application (please type or print neatly)
- Statement of Purpose
- Career Statement
- Two Letters of Recommendation
- Signature of confirmed faculty mentor (UIC Students Only)
- Transcripts (Forwarded directly to the SROP office)

I understand that space in the UIC Summer Research Opportunities Program is limited, and that I must provide all required documentation before the deadline to be considered for acceptance. I certify that all of the information above is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date: _____

SROP Contact Information

Please feel free to contact any of our staff with questions regarding SROP at UIC:

Allen J. Bryson, Director
Pre-Graduate Programs
ajbryson@uic.edu

Daisy Little, Customer Service Assistant
Graduate Pathways to Success Program/ SROP
dlittle@uic.edu

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