**UT Austin Astronomy Department Summer UG Research Program**

**Frontier Research and Training in Astronomy for the 21st Century**(Funded by the National Science Foundation REU & Department of Defense ASSURE program)

**APPLICATION FOR SUMMER 2019**

**First Name:**       **Middle:**        **Last**:

**Current Address:**

**City:**       **State**:       **Zip Code:**       **Country**:

**Telephone**:       **Cell**:       **Home**:       **Other:**

**Permanent Address:**

**City**:       **State:**       **Zip Code**:       **Country:**

**Your email address**:

**Date of Birth**:       **Resident Status:**

U.S. Citizen

U.S. National

Permanent Resident

**Race/Ethnicity:**

African American

American Indian

Alaskan Native **Gender:**

Asian  Female

Hispanic  Male

Native Hawaiian or Other Pacific Islander  Other

White

Other

**Are you a first-generation college student or a U.S. Veteran? (optional)**

Yes  No

**Among the research areas listed on our REU site, please indicate three research areas in which you are most interested in pursuing a project this summer. If you have no preference, please indicate “No Preference”**

1st Choice Research Area:

2nd Choice Research Area:

3rd Choice Research Area:

**Current College or University:**

**Major Field of Study:**       **Minor Field of Study:**

**Current GPA:** (out of a 4.0 scale)       **Expected Graduation Date:**

**Do you have any prior research experience?**

Yes (Please describe this experience in your Personal Statement.)   
 No

**Have you participated in a previous summer undergraduate research program?**

Yes (Institution/Program)

No

**References:** Please list two references whom you have asked to write letters of recommendation. At least one reference must be a Professor, Academic Advisor or Research Mentor. Please ask references to submit these letters at [this website](https://astronomy.utexas.edu/research/astronomy-reu-assure/how-to-apply) no later than February 15, 2019 as ***your application is not complete until we receive these letters of recommendation.***

**Name of First Reference:**      

**Affiliated University or Company:**

**Email Address:**       **Telephone:**

**Name of Second Reference:**

**Affiliated University or Company:**

**Email Address:**        **Telephone:**

Do you waive your right to review the letters of recommendation? Your selection on waiving your right to review the letters is a question we must ask to be in compliance with the Family Educational Rights and Privacy Rights (FERPA.)

Yes, I waive my right.

No, I do not waive my right.

I certify that the information contained in this application is correct to the best of my knowledge. In consideration for this program I agree that I meet the selection criteria as stated in the program description. If selected, I agree to adhere to the rules and regulations of the program and hereby acknowledge that these rules and regulations may be changed at any time. I voluntarily agree to participate and certify that I am 18 years of age or older.

Applicant Signature Date