

UNDERGRADUATE RESEARCH IN PHYSICS AT
INDIANA UNIVERSITY

APPLICATION FORM

1. Name: Social Security Number

2. School: Department:

3. Address:

4. Faculty Advisor or Department Chairman:

5. (a) Academic Rank: Sophomore (b) Date of birth:
 Junior

6. Current Mailing Address: Telephone: ()

E-mail Address:

7. Home or Permanent Address: Telephone: ()

8.

9. (a) Are you a U.S. Citizen? Yes (b) Other citizenship:
 No Type of Visa:

10. Academic Record

| <u>Institution</u> | <u>Location</u> | <u>Major</u> | <u>Dates Attended</u> | | <u>Degree Date</u> | <u>Expected</u> |
|--------------------|-----------------|--------------|-----------------------|------------|--------------------|-----------------|
| | | | <u>From:</u> | <u>To:</u> | <u>Expected:</u> | <u>Final:</u> |

11. Other relevant independent study, research, educational, professional or work experience:
(Please include name of school or company, address, supervisor and dates.)

12. Skills:

(a) Indicate any computer experience, skills or knowledge (operations, programming, etc):

(b) Indicate any experience with machine tools, test equipment or electronic instrumentation:

(c) Indicate any other pertinent skills or achievements:

13. Indicate your numerical grade-point average (on a scale of 4.0):

- all courses:
- science, math and computer courses:
- Indicate type of academic year: () Semester () Quarter

14. As the enclosed list of previous summer projects indicates, most of the summer projects are experimental in nature. A limited number of projects are theoretical, and typically involve a study of quantum mechanics and theoretical nuclear physics, and the use of advanced mathematics and a computer to solve theoretical problems. Please indicate below your 1st, 2nd, and 3rd choices:

Experimental: Astrophysics ___ Biophysics ___ Condensed Matter ___ High Energy ___
Medical ___ Nuclear ___

Theoretical: Accelerator ___ Biophysics ___ Condensed Matter ___ Elementary Particle ___
Nuclear ___

Check one of the following:

- () I prefer working by myself with a minimum of supervision.
- () I prefer being part of a closely working group (4 – 8 people).

15. References (please provide these individuals with attached instructions.)

| Name | Title | School | Address |
|------|-------|--------|---------|
|------|-------|--------|---------|

(1)

(2)

(3)

16. Complete the Course and Grade List attached to this application form.

17. Please describe your educational and career plans, and any specific areas of research in which you are interested. Why do you wish to participate in the Summer Undergraduate Research Program at Indiana University? This personal statement is an opportunity for you to give the reviewers an idea of yourself as an individual. This statement is therefore very important and should be done carefully and thoughtfully. (Attach additional pages as needed.)

Date _____ Signed _____

If, after submitting this application, you find that you will be unable to accept an appointment, please notify the Laboratory immediately by calling (812) 855-9365 or sending an email message to "BACHER@INDIANA.EDU."

Mail completed application form to:

Prof. Andrew Bacher
Summer Undergraduate Research Program
2401 Milo B. Sampson Lane
Indiana University Cyclotron Facility
Bloomington, Indiana 47408