

**VIGRE RESEARCH EXPERIENCE FOR UNDERGRADUATES
APPLICATION FORM, SUMMER 2002**

Department of Mathematics, The University of Georgia

Please type or print legibly in black ink and answer all questions completely

Name: _____ Soc. Sec. #: _____
First Middle Initial Last

Current Mailing Address

Street Address: _____ Apartment No. _____

City: _____ State: _____ Zip: _____

Valid until what date: _____

E-mail Address: _____ Telephone No. _____

Permanent Mailing Address (if different from above)

Street Address: _____ Apartment No. _____

City: _____ State: _____ Zip: _____

Telephone No. _____

Citizenship/Residency

U.S. Citizen: _____ Yes _____ No

Permanent Resident: _____ Yes _____ No

Georgia Resident : _____ Yes _____ No

Academic Information

Name of your Undergraduate Institution: _____

City: _____ State: _____

Major: _____ G.P.A. _____ Year in school: _____ So _____ Jr _____ Sr

Expected Date of Graduation: Month _____ Year _____

Academic References

List the two faculty members you have asked to write recommendations for you.

1. Name: _____ Department: _____

University: _____ Telephone: _____ Email: _____

2. Name: _____ Department: _____

University: _____ Telephone: _____ Email: _____

**PLEASE SUBMIT THIS FORM, WITH UNOFFICIAL TRANSCRIPTS AND A PERSONAL ACADEMIC STATEMENT,
TO:**

**VIGRE SUMMER PROGRAM
DEPARTMENT OF MATHEMATICS
UNIVERSITY OF GEORGIA
ATHENS, GA 30602-7403**