VIGRE RESEARCH EXPERIENCE FOR UNDERGRADUATES
APPLICATION FORM, SUMMER 2004
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, BY MARCH 1, 2004, TO:

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