

**VIGRE RESEARCH EXPERIENCE FOR UNDERGRADUATES  
APPLICATION FORM, SUMMER 2005**

**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, 2005, TO:**

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