



# *Research Experience for Undergraduates*

## *Elizabeth City State University*

June 6 - July 29, 2016

*The REU OMPS program objective is to promote the professional development of minority undergraduate students through their participation in ocean, marine, and polar science research.*

First/Middle/Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Male  Female

College/University \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Department \_\_\_\_\_ Advisor's Name \_\_\_\_\_

Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Local/School Address \_\_\_\_\_

Permanent (home) Address \_\_\_\_\_

Will you \_\_\_drive or \_\_\_fly? Closest Airport to your home \_\_\_\_\_

Parent/Spouse Name & Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Next of Kin (other than listed above) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Overall GPA \_\_\_\_\_ Citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_

Email Address \_\_\_\_\_ T-shirt size \_\_\_\_\_

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Applications must be received by April 24rd.

To apply, send this completed form, a current transcript, resume, a one page statement of goals, and one letter of recommendation to:

**Dr. Linda Hayden Box 672 ECSU Elizabeth City, NC 27909**

voice (252) 335-3696 fax (252) 335-3790

For more information see: <http://nia.ecsu.edu/ure.pdf>