

EARS IGERT Application

Submit your application materials to:
Dr. Laura Leff, IGERT Program Director
Department of Biological Sciences
Kent State University
52 Cunningham Hall
Kent, OH 44242
FAX: 330-672-3713
lleff@kent.edu

Please submit your application via email. For the last page, which requires your signature, please fax **just** this page to the number above (to the attention of Laura Leff) or drop it off in my mail box (in 256 Cunningham Hall). **Applications should be received by February 1st for full consideration for acceptance into the program for the Fall semester.**

I. Personal Information

Full Name:

Telephone: **email:**

Date of Birth (MM/DD/YYYY):

Gender:

Student Number (if known, **not** social security #)

Local Address (if known)

<input type="text"/>
<input type="text"/>

Permanent Address:

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Are you a...? US Citizen If not, are you a permanent resident?

Note: International students are not eligible for IGERT support.

Ethnic/Racial Background (Optional):

Asian or Pacific Islander Caucasian
Black or African American American Indian or Alaskan Native
Hispanic or Latino Other

The following information is optional. If provided, it will be kept confidential and will be used only in conjunction with Kent State University's voluntary and remedial action efforts on behalf of students who are disabled.

Do you have a physical impairment? Yes No
If yes, will you need special assistance or information? Yes No

II. Academic Information

For this section, please indicate the institution, major, and advisor (if known) you anticipate for your doctoral studies.

Institution: Miami University Kent State University
Major: **Advisor:**

Academic Status:

- Not Yet Admitted to Doctoral Program
- Admitted to Doctoral Program
- Currently Enrolled in Doctoral Program

Have you completed your candidacy exams? Yes No

Undergraduate GPA
Master's GPA (if applicable)
Doctoral GPA (if applicable)

GRE Scores V Q Writing

III. Research interests:

In the space below, please provide a very brief description of your primary research interests.

IV. Statement of Purpose

In one page or less, describe your interest in research and why you want to be part of the EARS IGERT program.

V. Transcripts and other materials

I hereby give the IGERT selection committee permission to examine my academic records as part of the applicant selection process.

Signature

Date