UNIVERSITY OF HOUSTON

COLLEGE OF OPTOMETRY 2025 Summer Research Fellowship Application

Name:	Institution:
Address:	Year in Program:
	Email:
Phone: U.S. Citizen or permanent resident: Are you currently receiving Financial A UH Student ID:	Aid?
Describe any previous research experie	ence, skills, or interests.
Describe your long-term career goals, research program.	and how you expect to benefit from the summer
List, in rank order, your preferences for in certain research areas, or on specific	or working with specific faculty mentors (preferred), a research projects.
1.	
2.	
3.	
4.	
5.	

Provide names and request letters of reference from 2 (including prospective mentors), or your institution if work that involved research (via email please) to the G	not at UHCO, or from undergraduate
1.	
2.	
3.	
Optometry institution if not UHCO	
Pre-optometry institution:	Pre-optometry GPA:
Pre-optometry major:	Optometry school GPA:
UHCO: Are you interested in the OD/MS or OD/PhD	program?
Signed:	Date:
 UHCO students: By signing this form, you give permiss your undergraduate transcript(s) on file in the Office of Optometry school grades. Students in other optometry schools must send undergraduate transcript(s) on file in the Office of Optometry schools must send undergraduate transcript(s). 	sion to the Graduate Program office to copy Optometry relations, and to view your
Please email your application materials to opti	rsrch@central.uh.edu
Email Queries to	:
Renee Armacost, Graduate Program Manager	(rrattelade@uh.edu)
OR	

Note: Students should request a letter of recommendation from the research faculty member you want to work with. The Faculty Directory with contact information can be found at https://www.opt.uh.edu/about/college-directory/index.cfm.

Laura J. Frishman, Ph.D., Associate Dean (Lfrishman@uh.edu)

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Houston, TX 77204-2020