

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
2022 Summer Research Fellowship Application

Name: _____ Institution: _____

Address: _____ Year in Program: _____

_____ Email: _____

Phone: _____

Home: _____

U.S. Citizen or permanent resident:

UHCO mailbox # _____

Are you currently receiving Financial Aid?

UH Student ID: _____

Describe any previous research experience, skills, or interests.

Describe your long-term career goals, and how you expect to benefit from the summer research program.

List, in rank order, your preferences for working with specific faculty mentors (preferred), in certain research areas, or on specific research projects.

- 1.
- 2.
- 3.
- 4.
- 5.

Provide names and request letters of reference from 2 or 3 faculty members from UHCO (including prospective mentors), or your institution if not at UHCO, or from undergraduate work that involved research (via email please) to the Graduate Program (see below).

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 permission to the Graduate Program office to copy your undergraduate transcript(s) on file in the Office of Optometry relations, and to view your Optometry school grades.
- Students in other optometry schools must send undergraduate and optometry transcripts

Please email your application materials to optsrch@central.uh.edu

Email Queries to:

Renee Armacost, Graduate Program Manager (rrattelade@uh.edu)

OR

Laura J. Frishman, Ph.D., Associate Dean (Lfrishman@uh.edu)
College of Optometry, University of Houston
4901 Calhoun, 505 JDA
Houston, TX 77204-2020