

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
2017 Summer Research Fellowship Application

Name: _____ Institution: _____
Address: _____ Year in Program: _____
_____ Email: _____
Phone: Ofc/Cell: _____ Home: _____
U.S. Citizen or permanent resident: yes _____ no _____ UHCO mailbox # _____
Are you currently receiving Financial Aid? Yes _____ no _____
UH Student ID: _____

- 1) Describe any relevant research experience, skills, or interests

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

Please limit to 200-300 words for 1 and 2 together; use additional pages as necessary).

List, in rank order, your preferences for working in certain research areas or on specific research projects (identify faculty if you wish).

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

Provide names of the 2 or 3 faculty members from UH, your institution, or undergraduate work that you asked to send a reference letter (via email please) to the Graduate Program (see below).

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 program? Yes _____ No _____

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

Email to: Renee Rattelade Armacost, Graduate Program Manager (rrattelade@uh.edu)

OR

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