

**Case Department of Macromolecular Science and Engineering  
Undergraduate Summer Research Experience  
Application Form**

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Name

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Institution Name

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Address at School

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Day Phone

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Evening Phone

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Email Address

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Social Security Number

**Checklist of Items to be sent to Prof. David Schiraldi:**

Recommendation from one professor

Original Transcript

One-halfpage "Statement of Goals"

In my order of preference, here are the research project numbers I would like to choose:

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**First Choice**

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**Second Choice**

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**Third Choice**

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My Major

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Current Academic Level

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Grade Point Average

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Date of Birth

Male

Female

U.S. Citizen

Non-Citizen Perm. Res.

Non-U.S. Citizen

American Indian-Alaskan Native

Asian or Pacific Islander

Hispanic

Black-Not Hispanic Origin

White-Not Hispanic Origin