

C. Roy Adair & K. Bollenbacher Undergraduate Research Internship Programs
 Department of Plant Pathology
 University of Arkansas, Fayetteville

Name:		Date of Birth:	
College Address:		Home Address:	
Phone: E-mail:		Phone:	
Years College Completed by June 2008:		Credit Hours Completed by June 2008:	
Cumulative GPA:	Major:	Minor:	
Have you financed your education?			
Plans after graduation:			
Have you participated in other internship programs? If yes, where and when?			
Name, address, and phone of individual who might be contacted as a reference:			
List the Research Projects in which you are most interested:			
1 st Choice:			
2 nd Choice:			
<u>Important:</u>			
<ul style="list-style-type: none"> • On a separate sheet, give a brief, but thoughtful, explanation of why you would like to participate in this program. • This application must be received by March 15, 2008, with a copy of your <u>official college transcript</u> through last semester and <u>three letters of recommendation</u>. • Please mail all application materials to: Dr. Craig Rothrock Department of Plant Pathology University of Arkansas Fayetteville, Arkansas 72701 479-575-6687 rothrock@uark.edu 			