

University of Notre Dame  
 Environmental Research Center  
UNDERC  
 Department of Biological Sciences  
 Galvin Life Sciences Center  
 Notre Dame, IN 46556-0369  
 574-631-7186  
 underc@nd.edu  
 http://underc.nd.edu

**PRACTICUM IN FIELD ENVIRONMENTAL BIOLOGY**

Attach to this application an unofficial copy of your transcript or grade reports through last summer and a **one-page, single-spaced essay on your professional goals and research interests**. Return the completed application with attached materials to: UNDERC Administrative Office, 097 Galvin Life Science Center, P. O. Box 369, University of Notre Dame, Notre Dame, IN 46556-0369 prior to the application deadline on the **first Friday in November 2010**. You may also fax your application to the UNDERC office at (574) 631-0856 or e-mail it to: underc@nd.edu.

**PLEASE PRINT LEGIBLY OR TYPE**

Student Information		
Name _____		Date _____
(LAST, FIRST, M.I.)		
Local Address _____	Male _____	Female _____
(STREET, CITY, STATE, ZIP)		
E-mail _____	Local Phone _____	
Permanent Address _____		
(STREET, CITY, STATE, ZIP)		
STUDENT ID	DATE OF BIRTH	COLLEGE SEMESTERS COMPLETED BY JAN.
UNIVERSITY AFFILIATION: _____		
I am applying for: UNDERC East      and am (check one of the following):		
interested in UNDERC West      interested in UNDERC South      not interested in West or South      .		
I have attended UNDERC East and am applying for (check one): UNDERC West      UNDERC South      .		
Parent/Guardian Information		
Name _____		
(TO CONTACT IN AN EMERGENCY)		
Address _____		
(IF OTHER THAN PERMANENT ADDRESS GIVEN ABOVE)	STREET, CITY, STATE, ZIP	
Relationship to applicant _____		
Day/Business Phone _____		Evening/Weekend Phone _____

Tuition, housing, and transportation between campus and the field station are provided for all course participants. Stipends for food and living expenses also are available. Do you wish to be considered for this stipend?    Yes            No

Do you have a medical condition or serious allergy that could require emergency access to a physician or hospital while at the station?    Yes            No

Provide the following information on the college courses you have taken through summer of this year:

	TOTAL COURSES COMPLETED	TOTAL CREDITS	GRADE POINT AVERAGE
Biology courses	_____	_____	_____
Science courses (include biology)	_____	_____	_____
All courses (include science & biology)	_____	_____	_____

List your fall semester courses:

Course Name	Dept/Number	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

List courses you plan to take in the spring semester:

Course Name	Dept/Number	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Give the names and phone numbers of two faculty members or graduate assistants who could comment on your academic performance and career goals.

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

Describe any special skills or interests you have that relate to this course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE DATE