

**Application for Students of Indigenous Ancestry**  
 University of Notre Dame Environmental Research Center  
 Department of Biological Sciences  
 Notre Dame, IN 46556-0369  
 574-631-7186      574-631-0856 (Fax)  
 http://underc.nd.edu/  
 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 –West 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 of November, 2010**. You may also fax your application to the UNDERC office at (574) 631-0856 or you may e-mail it to underc@nd.edu.

**PLEASE PRINT LEGIBLY OR TYPE**

Student Information		
Name _____	Date _____	
(LAST, FIRST, M.I.)		
Current Address _____	Male	Female
(STREET, CITY, STATE, ZIP)		
E-mail _____	Phone _____	
Permanent Address _____		
(STREET, CITY, STATE, ZIP)		
SSN OR STUDENT ID	DATE OF BIRTH	COLLEGE SEMESTERS COMPLETED BY JAN.
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 _____

Indigenous Heritage or Tribe Affiliation: \_\_\_\_\_

Are you a U.S. citizen?    Yes      No

College/University you are currently attending: \_\_\_\_\_

What degree are you in the process of obtaining: \_\_\_\_\_

Your current level:    Freshman      Sophomore      Junior      Senior

When does your Spring semester/quarter end? \_\_\_\_\_

Do you have a medical condition or serious allergy that could require emergency access to a physician or hospital during the summer courses? If yes, please describe.

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 e-mail address of two faculty members or graduate assistants who could comment on your academic performance and career goals.

NAME	E-MAIL
_____	_____
_____	_____

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

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

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