



# DEPARTMENT OF ASTRONOMY

INDIANA UNIVERSITY  
College of Arts and Sciences  
Bloomington

REU Program  
727 East 3<sup>rd</sup> Street, Swain Hall West 319  
Bloomington, IN 47405-7105  
Phone 812.855.6911 Fax: 812.855.8725  
Email: [astroreu@indiana.edu](mailto:astroreu@indiana.edu)  
Deadline: February 2, 2009

## REU APPLICATION

1. NAME: \_\_\_\_\_  
Last First Middle

2. MAILING ADDRESS ON MARCH 1: \_\_\_\_\_  
Street Address (PLEASE INDICATE IF THIS ADDRESS IS A UNIVERSITY ADDRESS G ) TELEPHONE: \_\_\_\_\_  
City State Zip Code

3. HOME ADDRESS: \_\_\_\_\_  
City State ZIP Code TELEPHONE: \_\_\_\_\_

4. E-MAIL ADDRESS: \_\_\_\_\_

5. TRANSCRIPTS: *The applicant should arrange for official transcripts to be sent from the institutions listed below. A list of courses now in progress should also be sent.*

COLLEGE OR UNIVERSITY	MAJOR SUBJECT	DATES ATTENDED		DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO		

Please check present academic level:  freshman  sophomore  junior

7. RECOMMENDATIONS: *Please list three or four people who can evaluate your ability, experience, and potential. The applicant should arrange each to send a letter of recommendation to the Indiana University address above or by email to [astroreu@indiana.edu](mailto:astroreu@indiana.edu).*

NAME	COLLEGE OR UNIVERSITY	DEPARTMENT	EMAIL ADDRESS	TELEPHONE NUMBER

8. DATES YOU WOULD BE AVAILABLE FOR THE PROGRAM: FROM \_\_\_\_\_ TO \_\_\_\_\_

9. ALTHOUGH COMPUTER EXPERIENCE IS NOT REQUIRED, PLEASE INDICATE YOUR PROGRAMMING ABILITY BELOW:

MACHINE	LANGUAGE	MONTHS EXPERIENCE	SHORT DESCRIPTION OF PROJECT

10. PLEASE LIST ANY SCIENTIFIC OR RELATED EMPLOYMENT, INCLUDING ASSISTANTSHIPS, WHICH YOU HAVE HAD SINCE GRADUATION FROM HIGH SCHOOL:

DATES		EMPLOYER'S NAME AND ADDRESS	JOB TITLE	SHORT DESCRIPTION OF MAJOR DUTIES
From	To			

13. PUBLICATIONS AND HONORS:

14. LETTER: An important part of this application is a letter in which you should describe your educational background and goals, and your scientific interest and experience. The letter should contain whatever further information you consider relevant to the evaluation of your potential for success as a participant in the Indiana University Astronomy REU Program. Please submit the letter together with this application form.

**SUBMITTING INSTRUCTIONS:** Email the application to [astroreu@indiana.edu](mailto:astroreu@indiana.edu) or submit by mail or fax at the address and fax listed above. You may also send recommendation letters by email, postal mail or fax.

(Revised: 11/07)