

University of Notre Dame  
 Environmental Research Center  
 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 the UNDERC Administrative Office, 097 Galvin Life Science Center, P. O. Box 369, University of Notre Dame, Notre Dame, IN 46556-0369 no later than 5 p.m. Friday, November 4, 2011 or e-mail it to [underc@nd.edu](mailto:underc@nd.edu) or fax it to 574-631-0856.

**PLEASE PRINT LEGIBLY OR TYPE**

| <b>Student Information</b>   |   |
|--|---|
| Student ID _____   | Date _____  |
| Name _____<br><small>(LAST, FIRST, M.I.)</small>   |   |
| Local Address _____<br><small>(STREET, CITY, STATE, ZIP)</small>   | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| E-mail _____   | Local Phone _____   |
| Permanent Address _____<br><small>(STREET, CITY, STATE, ZIP)</small>   |   |
| College Semesters Completed by Jan. _____  | Current Class Standing _____<br><small>(Soph., Jr.)</small>   |
| Current University Affiliation: _____  |   |
| I am applying for: UNDERC East <input type="checkbox"/> and am: interested in UNDERC West <input type="checkbox"/> |   |
| I have attended UNDERC East and am applying for: UNDERC West <input type="checkbox"/>                              |   |
| <b>Parent/Guardian Information</b>   |   |
| Name _____<br><small>(TO CONTACT IN AN EMERGENCY)</small>  |   |
| Address _____<br><small>(IF OTHER THAN PERMANENT ADDRESS GIVEN ABOVE) STREET, CITY, STATE, ZIP</small>             |   |
| Relationship to applicant _____  |   |
| Day/Business Phone _____   | Evening/Weekend Phone _____                                   |

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

How did you hear about our program? \_\_\_\_\_

---

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

|   | TOTAL<br>COURSES<br>COMPLETED | TOTAL<br>CREDITS | GRADE<br>POINT<br>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