INFORMATION REQUEST FORM
Please use this form to tell us about yourself and your interests.

ABOUT YOURSELF
First Name: ____________________________  Middle: ____________________________  Last: ____________________________
Citizenship: ☐ U.S. Citizen  ☐ Permanent Resident  ☐ Non-U.S. Citizen
Gender: ☐ Female  ☐ Male
Ethnicity: ☐ African American  ☐ Mexican American  ☐ Puerto Rican
☐ Asian American  ☐ Native American  ☐ Other Hispanic
☐ Caucasian  ☐ Other ____________________________
Email Address: ____________________________  Personal Website: ____________________________

HOW DID YOU HEAR ABOUT THE IGERT PROGRAM IN NANOTECHNOLOGY INNOVATION?
☐ Faculty  ☐ Women’s Organization  ☐ Minority Organization
☐ Friend  ☐ Mentor/Staff  ☐ Conference
☐ IGERT National Recruitment Program  ☐ Web

CURRENT CONTACT INFORMATION
Street/P.O./ Box: ____________________________________________
City: ____________________________ State (if U.S.): ______ ZIP/Postal Code: ________________
Country (if not U.S.): ____________________________
Phone (U.S./Canada): (____)_____-________  Fax (U.S./Canada) (____)_____-________
Contact information valid until (month/year): ____________/________

PERMANENT CONTACT INFORMATION
☐ Check here and skip this section if same as above
Street/P.O./ Box: ____________________________________________
City: ____________________________ State (if U.S.): ______ ZIP/ Postal Code: ________________
Country (if not U.S.): ____________________________
Phone (U.S./Canada): (____)_____-________  Fax (U.S./Canada) (____)_____-________

SCHOOL INFORMATION
Undergraduate Institution: ____________________________ Degree: ☐ B.A.  ☐ B.S.
Major: ____________________________ GPA/scale: _________ Grad date (month/year): ______/______
Graduate Institution (if applicable): ____________________________ Degree: ☐ M.A.  ☐ M.S.
Major: ____________________________ GPA/scale: _________ Grad date (month/year): ______/______
Current status: ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Grad Student
☐ Other ____________________________

YOUR ACADEMIC INTERESTS
Expected level of study: ☐ Master’s  ☐ Ph.D.  ☐ I hope to enter a program in: ☐ 2006  ☐ 2007  ☐ 2008
I am interested in Summer Research Opportunities for Undergraduates (REU): ☐ Yes  ☐ No
I am interested in the following topics or areas of research:
Departmental Study Interests (check all that apply):

Signature/Date  ____/____/____

Fax to (413) 577-0165, or mail to:
MassNanoTech
University of Massachusetts
320 Lederle Graduate Research Tower
710 N. Pleasant Street
Amherst, MA 01003 USA