

SURO Application

Student Name*

Student Email Address*		SURO Program Year*
		Enter the 4 digit year when you wish to participate in the program.
Undergraduate Institution*	State*	Major*
Applicants must currently be a student at a	an accredited 4-year college o	or university in the United States
Current Year in Program*	GPA*	
List relevant completed courses*		
Do you have prior research experience?*		
Describe any prior research experience*		
Letters of Recommendation Please ask these two references to send let	tters of recommendation to cl	nem-suro@uga.edu
Name of Reference 1*	Affiliation of Refere	nce 1* Email of Reference 1*
Name of Reference 2*	Affiliation of Refere	nce 2* Email of Reference 2*
application continues on nex	t nage	



SURO Application (continued)

Preferred Research Supervisors

Choose three different faculty with whom	you would like to work. Go here to learn more about their research
1st Choice*	1st Choice Research Summary*
Why is this your first choice?	
Explain why you would like to work with	this faculty member and/or why you are interested in the topics in this laboratory
2nd Choice*	2nd Choice Research Summary
Why is this your second choice?	this faculty member and/or why you are interested in the topics in this laboratory.
3rd Choice* Why is this your third choice?	3rd Choice Research Summary
Explain why you would like to work with	this faculty member and/or why you are interested in the topics in this laboratory.