Illinois Institute of Technology

Undergraduate Research & Advanced Project Award Program

Supplemental Application

PLEASE TYPE OR PRINT CLEARLY

Name of Applicant: _____
Last **First** **Middle**

Social Security # (optional): ____ - ____ - ____ **High School:** _____

College: _____

Required Information and Deadlines

In order to apply for the **Undergraduate Research & Advanced Project Award Program**, you must submit this supplemental application. **All supplemental application materials for this program must be received (not postmarked) in the Office of Admission by June 1st, 2012.**

Personal Essay

Please address the following topic. Your answer should be 500 words or less.

Why are you particularly interested in the **Undergraduate Research & Advanced Project Award Program** at IIT? What are you interested in researching?

Additional Materials

Please do not send any materials such as award certificates, research or lab reports, artwork, videotapes, DVDs, CDs, etc. However, you may submit a general listing of extracurricular and academic activities and/or recognitions that you would like the review committee to be aware of. No additional letters of recommendation are needed. If applicable, please provide a link to any online work or materials.

Completing this Form

Sign and date below:
I certify to the best of my knowledge that all statements submitted by me are correct, complete, and my own. I understand that this application and all other records gathered for my admission file are confidential and will be handled in accordance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

_____
Signature **Date**

Mail your supplemental application to:
Office of Admission
Illinois Institute of Technology
10 W. 33rd Street, PH 101
Chicago, IL 60616

Phone, Fax, and Internet:
312.567.3025
800.448.2329 (outside Chicago)
312.567.6939 (fax)
website: www.iit.edu
Email: admission@iit.edu

Illinois Institute of Technology

Undergraduate Research & Advanced Project Award Program
(Formerly Undergraduate Research Scholar's Program)
Supplemental Application
Teacher Evaluation

PLEASE TYPE OR PRINT CLEARLY

Name of Applicant: _____
Last **First** **Middle**

Social Security # (optional): ___ - ___ - ___ **High School:** _____

College: _____

To the applicant:

Upon filling out the information above, give this form to one of your teachers. Sign your name below only if you agree to voluntarily waive your right of access to review this evaluation.

_____
Signature **Date**