**Application Form**

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| --- | --- | --- |
| **Personal Information** | | |
| **Full Name:** |  | |
| **Phone Number:** |  | |
| **Email:** |  | |
| **Mailing Address:** |  | |
| **Date of Birth:** |  | |
| **Gender:** | Female  Male  Other  I prefer not to disclose | |
| **Citizenship:** | US  Other (Please specify): | |
| **Academic Information** | | |
| **Academic Level:** | PhD MS | |
| **Academic Campus:** |  | |
| **College/Department/Major:** |  | |
| **GPA:** |  | |
| **Expected graduation date:** |  | |
| **Research Information** | | |
| **IRG:** | IRG1  IRG2  IRG3 | |
| **Research Topic:** |  | |
| **Name of CAWT Research Advisor:** |  | |
| **Strategic Plan**  **IRG Objective/Activity No.:** |  | |
|  | |  |
| Applicant’s Signature | | CAWT Student Advisor’s Signature |

**Research Plan (3 pages max., single spaced)**

**Please attach a research plan to this form. The plan must contain the following sections: (1) Summary, (2) Goals and Objectives, (3) Specific Milestones and Timeline,**

**(4) References Cited (5)** CAWT Student Advisor Approval Signature**.**