UConn Chemistry Department Graduate Program Inquiry Form

Please submit completed forms to: Emilie Hogrebe, Graduate Program Coordinator

55 North Eagleville Road, Storrs, CT 06269-3060

**E-mail:** (e.hogrebe@uconn.edu), **Fax:** 860-486-2981

# Contact Information

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| Name:  |
| Address:  |
| City:  | State:  | Zip Code:  |
| Country:  |
| Country of Citizenship:  |
| Date of Birth (MM/DD/YYYY):  | Telephone Number:  |
| E-mail Address:  |

# Academic/Program of Interest

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| Admission request for: [ ]  Fall 2018 [ ]  Spring 2019 [ ]  Fall 2019 [ ]  Other:  |
| Degree sought: **[ ]** M.S. [ ]  Ph.D. Area of Concentration:  |
| Prospective faculty advisors: | 1.
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| Applying for financial aid? [ ]  Yes [ ]  No |

# Academic Background

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| Educational Institutions Attended: |
| **INSTITUTION** | **MAJOR** | **GPA** | **DEGREE DATE** |
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| **GRE SCORES:** |
| **TEST DATE** | **VERBAL** | **%** | **QUANTITATIVE** | **%** | **WRITING** | **%** |
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| **GRE SUBJECT (STRONGLY RECOMMENDED, BUT NOT REQUIRED):** |
| **TEST DATE** | **SUBJECT** | **SCORE**  | **%** |
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|  **TOEFL** | OR | **IELTS** |
| **TEST DATE** | **OVERALL SCORE** | **SPEAKING SCORE** |  | **DATE** | **OVERALL SCORE** | **SPEAKING BAND** |
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| **ACADEMIC OR EMPLOYER REFERENCES** |
| **NAME** | **TITLE** |
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Thank you for submitting your personal information. Someone from the Graduate Committee will be contacting you shortly with additional information regarding our Graduate Program.