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](mailto: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 2019  Spring 2020  Fall 2020  Other: | |
| Degree sought: M.S.  Ph.D. Area of Concentration: | |
| Prospective faculty advisors: |  |
|  |  |
|  |  |
| 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.