

Political Science Student Summer Research Program

DEPARTMENT OF POLITICAL SCIENCE
TEXAS CHRISTIAN UNIVERSITY

Name _____ Student ID _____

Mailing Address _____
Street _____

City _____ State _____ Zip _____ Current Tel # () _____

Current Undergraduate Major (s) _____

Department of Political Science Distinction Program Member YES NO

Total number of hours completed _____ as of _____ Hours completed in Major _____

Expected graduation date _____

Cumulative GPA _____

GPA in Major(s) _____

References (2, including a preferred project mentor in the Department of Political Science):

Name and Department _____ Campus Telephone Number _____

Name and Department _____ Campus Telephone Number _____

For Theme Project Applications:

Which of the following have you completed: POSC 20093 POSC 39xx3 POSC 32xx3

If selected, will you commit to participation in program activities, including all schedule workshops and events, and to adherence to the program deadlines: YES NO

What courses relevant to the focus of the summer research program and its issue category have you completed (please list course and grade)?

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Please describe the research experiences most relevant to your participation and success in this program.

Please identify your research interests and potential research questions for the Political Science Student Summer Research Program. Be as specific as possible.

Briefly describe the how this program will contribute to your academic program and your career goals.

I certify that the information in this application is complete and correct and understand the submission of false information is grounds for rejection of my application.

Signature _____ Date _____