

## **Application: NEI Summer Research Program at UCBSO**

Complete form and email as an attachment to:

Christine Wildsoet OD, PhD
University of California - Berkeley
School of Optometry, Room 588 Minor Hall
Berkeley, CA 94720-2020
wildsoet@berkeley.edu

Name:								
Address:								
Phone:			E-Mail:					
US citizen:	Yes	No		Perma	nent res	ident:	Yes	No
Pre-Optometr Institution:	У			Ма	jor:			
Optom School	ol						Current GPA:	
list 3 with e-m	ail addres	ses					willing to act a	
Previous research experience:	Yes No		If yes, to	If yes, topic(s):				
Current research activities:	Yes	No	If yes, to	pic(s):				
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Preferred me (complete if k								

<b>Resume</b> (maximum 500 words): Include in your resume, your long-term career goals, any relevant research experience/skills, and how you expect to benefit from this program.									