

## UCONN Chemistry Department Organic Synthesis MS Graduate Program Inquiry Form

Please submit this completed form to: Emilie Hoglebe, Graduate Program Coordinator;  
University of Connecticut; Department of Chemistry; 55 North Eagleville Road, Unit 3060,  
Storrs, CT 06269-3060;  
E-mail: ([e.hoglebe@uconn.edu](mailto:e.hoglebe@uconn.edu)), Fax: 860-486-2981

Name: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date of birth (MM/DD/YYYY): \_\_\_\_\_ Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

### Educational Institutions Attended:

Institution	Dates Attended	Major field	GPA	Degree Date	Class Rank
1)					
2)					
3)					
4)					

### GRE Scores (not required):

Test date	Verbal	%	Quantitative	%	Analytical	%
1)						
2)						
3)						

### Recommendation Letters from:

Name	Title	E-mail/Phone	Address
1)			
2)			
3)			

Thank you for submitting your personal information. Someone from the Graduate Committee will be contacting you shortly with additional information regarding our Graduate Program.