

## UCONN Chemistry Department Graduate Program Inquiry Form

Please submit this completed form to: Emilie Hogrebe, Graduate Program Coordinator; University of Connecticut; Department of Chemistry; 55 North Eagleville Road, Unit 3060, Storrs, CT 06269-3060; E-mail: ([e.hogrebe@uconn.edu](mailto:e.hogrebe@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: \_\_\_\_\_

Degree sought: \_\_MS \_\_Ph.D. Area of concentration: \_\_\_\_\_  
Three prospective faculty advisors: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

### Educational Institutions Attended:

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

### GRE Scores:

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

### GRE Subject

Test Date	Subject	Score	%
1)			
2)			

TOEFL	TSE	IELTS	
Date	Score	Date	Score

### 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.