

**UAMS COLLEGE of PHARMACY STUDENT RESEARCH FELLOWSHIP**  
**2011 APPLICATION**

**All applications due  
to the Dean's Office  
by close of business  
on Feb 15, 2011**

Name: \_\_\_\_\_

Pharmacy Class:     P-1             P-2             P-3

If there are projects available on the Northwest campus, which campus would you prefer?

UAMS       Northwest

This application should be considered for the following award(s):

A. Nelson Voldeng       Pharmacy Practice       Pharmaceutical Sciences

All Awards

Local Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

College of Pharmacy Faculty Providing Letters of Reference

1. \_\_\_\_\_
2. \_\_\_\_\_

I give my permission for the Student Research Committee to review all my academic records available through the University of Arkansas for Medical Sciences College of Pharmacy Registrar Office.

\_\_\_\_\_  
(Applicant Signature)

**A statement of interest** (describing the applicant's interest in conducting research and why) and **your resume or CV** should be attached to this page. Statement should be 1-2 pages in length and will be used in ranking applicants.