



# SCHOOL OF OPTOMETRY

INDIANA UNIVERSITY

Bloomington

## Application Form Summer Research Program

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

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

College/University Attending: \_\_\_\_\_

Major: \_\_\_\_\_

Year in School: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

In answering the following questions you may wish to review our web page regarding research at [www.opt.indiana.edu/research/index.htm](http://www.opt.indiana.edu/research/index.htm). Attach another sheet if needed in answering the questions.

Describe your long-term goals, including whether you may be interested in graduate studies such as our OD/MS/PhD in Vision Science degrees.

Do you foresee your professional career to be entirely clinical practice or a combination of clinical and research activities?

Will you be requesting financial support to participate in a research program (i.e. housing, food, transportation, etc.)?

Please include two letters of recommendation; one from a professor and preferably one from a specialist (i.e. optometrist/ophthalmologist).

**Completed application must be received by January 31, 2010.**

Submit completed application to: Dr. William H. Swanson  
IU School of Optometry  
800 East Atwater Avenue  
Bloomington, IN 47405-3680