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| --- | --- | --- |
| **Name:** |  | |
| **Date of application:** |  | |
| **Email address:** |  | |
| **UCI affiliation:**  Grad student, postdoc, law student, etc. |  | |
| **Start date of UCI studies:** |  | |
| **Approx. graduation date:** |  | |
| **School / Department:** |  | |
| **Name of PI (if applicable):**  Fellowship participation requires approval from PI |  | |
| **Degrees earned** | **Institution** | **Subject** |
| **Bachelor’s** |  |  |
| **Master’s** |  |  |
| **Ph.D.** |  |  |
| **Other**  Please specify |  |  |
| **Please answer the following in 50 words or less per question** | | |
| **How many hours per week are you able to devote to the fellowship?** |  |  |
| **List the areas of strength in the sciences**  Ex: microbiology, organic chemistry, computer sciences, etc. |  |  |
| **What are your current plans after graduation?** |  |  |
| **Please add any other info you feel is important for our office to know**  Include other Applied Innovation programs that you have participated in |  |  |