

BEACH LAB - Undergraduate Research Application

Last Name	First Name	Middle Initial
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Phone number	E-mail address
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Circle: Freshman Sophomore Junior Senior

Anticipated Graduation Date: ____/____/____

Major(s): _____

Minor(s): _____

GPA: _____

Why would you like to assist with research in the BEACH Lab?

Your Research Interests

Your Past Research Experience

Your Academic Goals

Please return this form to:

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