



Undergraduate Summer Research Application Form

APPLICANT INFORMATION (Please Print)

NAME (LAST, FIRST, MIDDLE INITIAL)				STUDENT ID D-NUMBERS (DSU STUDENTS ONLY)			
HOMEADDRESS				LOCAL ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE
E-MAIL ADDRESS FOR CONTACTING YOU:				TO BE ELIGIBLE FOR SUPPORT YOU MUST BE A US CITIZEN OR PERMANENT RESIDENT <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): _____			

WHICH RESEARCH PROGRAM ARE YOU INTERESETED IN JOINING FOR THE SUMMER?

(Please indicate your preference(s) 1, 2, or 3)

Cold-atom Raman clock and enhancement of sensitivity via spin squeezing	Cold-atom magnetometry and enhanced sensitivity via spin squeezing
Spin squeezed atom interferometric gyroscope/accelerometer	Coherence time of nitrogen vacancy center diamond and silicon carbide quantum sensors

ACADEMIC STANDING

STATUS (CURRENT): FR SO JR SR	CURRENT MAJOR _____	CUMULATIVE GPA _____	EXPECTED GRADUATION DATE: _____
NAME OF COLLEGE ATTENDING	COLLEGE ADDRESS	COLLEGE PHONE (MAIN) NUMBER	COLLEGE (MAIN) EMAIL ADDRESS

Please tell us about previous research experiences: _____

Housing: Yes _____ No _____

I UNDERSTAND THAT THIS IS A FULL-TIME APPOINTMENT, AND THAT I MAY NOT CONCURRENTLY HOLD OTHER EMPLOYMENT OR ATTEND SUMMER SCHOOL.	
SIGNATURE: _____	DATE: _____

Please fill and download application, attach your college transcript and a letter written by one of your professors recommending you for a summer research position in the AQS Program.

Return to: Ms. Jacquelyn Jones at jjones@desu.edu