

UAMS COLLEGE of PHARMACY STUDENT RESEARCH FELLOWSHIP
2020 APPLICATION

**All applications due
to COP Research
Committee (email:
aallen@uams.edu
) by close of business
on Feb. 17, 2020**

Name: _____

Pharmacy Class: P-1 P-2

This application will be considered for the following award(s): A. Nelson Voldeng, Pharmacy Practice, and Pharmaceutical Sciences

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.