

**UAMS COLLEGE of PHARMACY STUDENT RESEARCH FELLOWSHIP**  
**2021 APPLICATION**

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

Pharmacy Class:     P-1             P-2

**All applications due to  
COP Research Committee  
(email: [aallen@uams.edu](mailto:aallen@uams.edu))  
by close of business on  
March 3, 2021**

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 ½ -1 page in length and will be used in ranking applicants.