



THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF MATHEMATICS

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Rich Research Experience Scholarship: Application Form

Information about this form and details about the program are available at
<http://math.sci.ccny.cuny.edu/pages?name=Rich+Research+Experience+Scholarship>

Applying student: Fill out the information requested below. Do not write your SSN or ITIN number on this form.

Student's Name:

Student ID:

Tax information. Indicate which of the following you have: SSN: ITIN:

Faculty Mentor's Name:

Research Program:

Attach a copy of your acceptance letter to this program.

Can CCNY list your name and the program you are participating in on our department website? (This will have no affect on your application.) Yes: No:

Student's Signature:

Date Signed:

Faculty Mentor: By signing below, you indicate that you are supportive of the student's participation in the research program listed above, are willing to mentor the student in the subject of the program when she/he returns from the program, and will approve (or disapprove) of the student's write up.

If you have additional research related expectations, please describe them below:

Faculty Mentor's Signature:

Date Signed: