Scientific Computation
Survey of Research Interests

TO THE APPLICANT: Complete this form and return to the Scientific Computation Program at the address listed below.

Full Name _____________________________________________________________________________________________________________________

(Type or Print) Last or Family    First    Middle    E-Mail Address

Present Address _______________________________________________________________________________________________________________

Number and Street    City    State    Zip    Country

Applying for admission to the Scientific Computation Program toward the following degree:

_____ Doctoral   _____ Masters

Term/year of intended application:   Fall Semester __________  Spring Semester __________

Year    Year

Applicant's Signature _________________________________________________________________________ Date _____________________

Areas of Research

Aerospace Engineering  Mathematics
Biomedical Engineering  Mechanical Engineering
Biochemistry  Mechanics
Chemical Engineering  Medicinal Chemistry
Chemical Physics Chemistry  Neuroscience
Chemistry  Pharmacology
Civil Engineering  Psychology
Computer Science  Sociology
Electrical Engineering  Statistics
Geology  Other
Geophysics

Most Desired Field of Major Research

1. 
2. 
3. 

Field for Minor or Supporting Program

1. 
2. 
3. 

Faculty members whose research is of interest to you

1. 
2. 
3. 

Return this form to:

Scientific Computation
University of Minnesota
Attn Kathleen Clinton
6-145 Jackson Hall
Minneapolis, MN 55455