



**UNR-CRCD PROGRAM IN COMPUTER VISION
DEPARTMENT OF COMPUTER SCIENCE
2001 SUMMER RESEARCH IN COMPUTER VISION
STUDENT APPLICATION FORM**

APPLICATION DEADLINE: March 30, 2001

I. Personal Information

Name (Print or type) _____

Mailing address: _____

Email address: _____ Telephone: () _____

Department/College: _____

Social Security Number: _____ Date of Birth: _____

U.S. Citizen: Yes No Permanent Resident: Yes No

Check appropriate boxes: M Asian White Native American
F Black Hispanic Other

Physical Disability (if any, optional): _____

Class: Fresh Soph Jun Sen Grad

GPA in CS Courses: _____ GPA in Math Courses: _____ Overall GPA: _____

Please list the programming languages and operating systems with which you have had experience:

Briefly list previous research experience (if any; include project title and description):

Check the box that best describes your current post-graduation plans:

Industry Computer Science Graduate School Other _____

II. Preferred Computer Vision Research Areas

List three sites that you are most interested in working at (see our webpage at www.cs.unr.edu/~bebis/CRCDD)

III. Transcripts

Attach a recent official copy of your transcripts.

IV. Honors, awards, publications

V. Recommendations

List the names, addresses and telephone numbers of two professors your have asked to write letters of recommendation for the Computer Vision program on your behalf. These letters should be sent directly to the UNR-CRCDD Computer Vision Program director at the address below.

_____	_____
_____	_____
_____	_____

VI. Statement of Interest

Please include along with this application a statement (1-2 pages) describing your academic and research goals and how participation in the UNR-CRCDD Program in Computer Vision would help you achieve these goals. Include any achievement that you are particularly proud of and why, or anything else you think we should know about you. Indicate any strong preference for a particular research area in Computer Vision.

VII. Certification

I certify that, to the best of my knowledge, all the information I have given as part of my application is accurate.

Signature: _____ Date: _____

Applications, transcripts, statement of interest, and letters of recommendation should be sent to:

Dr. George Bebis, Director
UNR-CRCDD Program in Computer Vision
Department of Computer Science
University of Nevada, Reno
Reno, NV 89557



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Be sure your application is complete and contains the following:

- ___ completed student application form
- ___ statement of interest
- ___ 2 letters of reference
- ___ recent official transcripts
- ___ any additional material that you feel will provide us with a more complete picture of who you are (optional)

Send everything in one envelope to:

Dr. George Bebis, Director
UNR-CRCD Program in Computer Vision
Department of Computer Science
University of Nevada, Reno
Reno, NV 89557