

BOWDOIN COLLEGE
Mellon Mays Undergraduate Fellowship
2nd Summer Research Request Form

Student Information:

Name: _____ Date: _____

Email: _____ Phone: _____

Summer address _____

Academic Information:

Research topic: _____

Research advisor: _____ Department: _____

Program: _____ Contact: _____

Institution: _____ Duration: _____

Research description:

Program