

Colleges and Universities Attended

Name & Location	From		To		Degree & Date Expected (or Received)	Course of Study	
	Mo	Yr	Mo	Yr		Major	Minor

Your area of Specialization in your major field: _____

Previous Employment Beginning with Present

Organization & Address	Supervisor	To		Your Title & Responsibilities
		Mo	Yr	

Current Salary: \$ _____ per _____ (e.g. 9 months, 10 months, 12 months)

Recent Publications

(If more space is required, continue on a separate sheet.)

Give appropriate identification in space below (e.g., if book, show publisher; if technical article, show journal title, volume, page; if report, show organization).	Date	Co-Authors	Title

Have you had a previous appointment at Argonne? Yes No

If yes, what type of appointment?

Regular Employee Temporary Employee Research Participant Consultant

Date of appointment _____

Have you attended any Argonne Division of Educational Programs tutorial events?

Faculty Workshop Faculty Institute Conference None of these

Date(s) attended _____

How did you learn of the Argonne Faculty Research Participation Program?

List three professional references, including department head, dean or other immediate administrative supervisor. Please give the reference forms to those individuals you have listed to complete and return to the Argonne Division of Educational Programs on your behalf.

Name	Position	Complete Address (include Zip Code)	Phone (Include Area Code)

Comment on the manner in which you expect you and your college or university to benefit from your research participation at Argonne.

CERTIFICATION

I certify that the above statements, and those on any attachments to this form, are true and complete. **I understand that any falsification or omission of material facts is sufficient cause for immediate withdrawal of an employment offer or discharge.** I understand that in the course of evaluating this information, Argonne National Laboratory will make such inquiries into my past employment and activities as are considered necessary.

IMPORTANT - I authorize investigation of all matters contained in this form and also authorize any of my references and employers to furnish information requested by Argonne National Laboratory and I hereby release all such persons and organizations from any claims for damages by reason of furnishing such information or records.

Signature _____

Date _____



SALARY CERTIFICATION FORM

FACULTY RESEARCH PARTICIPATION PROGRAM

TO BE COMPLETED BY APPLICANT:

Name _____

Department _____

University _____

Address _____

TO BE COMPLETED BY DEPARTMENT CHAIR OR DEAN:

Since the stipend for the Faculty Research Participation Program will be based on the applicant's current salary (up to the program maximum), please furnish this information in the space provided below.

Applicant's Current Academic Year Salary: _____ for _____ months.

Comments: _____

Signature of Department Chair or Dean

(Please Print) First Name Last Name MI

Title

Institution

Address

E-mail address

PLEASE RETURN FORM TO:

**ARGONNE NATIONAL LABORATORY
DIVISION OF EDUCATIONAL PROGRAMS
FACULTY RESEARCH PARTICIPATION PROGRAM
9700 SOUTH CASS AVENUE/DEP 223
ARGONNE, ILLINOIS 60439-4845**

EVALUATION FORM

FACULTY RESEARCH PARTICIPATION PROGRAM

**Evaluation of the Applicant for a Faculty Research Participation Appointment at
Argonne National Laboratory**

TO BE COMPLETED BY APPLICANT

Name: _____ Field: _____
Length of Appointment
University: _____ Sought: _____ weeks

Brief statement of your research interests and purposes in applying for a Faculty Research Participation appointment.

TO BE COMPLETED BY PERSON SUBMITTING REFERENCE

Name of Person
Submitting Reference: _____
Institution: _____
Title and Field
of Specialty: _____

1. How long and in what capacity have you known the applicant?

EVALUATION FORM (CONTINUED)

2. From your knowledge of the applicant and the objectives of this program please indicate in the space provided particular strengths and weaknesses that you perceive in the applicant in relation to this appointment.

Strengths

Weaknesses



3. In the space below, please add any other descriptive comments which will assist in providing a complete picture of how the proposed appointment will enhance the applicant's teaching and research.

4. To what extent do you recommend him/her for a Faculty Research Participation appointment.

Do Not Recommend Recommend Highly Recommend

Signature: _____

Date: _____

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