



STUDENT RESEARCH PARTICIPATION PROGRAM

Division of Educational Programs
Argonne National Laboratory
9700 South Cass Avenue
Argonne, IL 60439

Instructions: This program is only available to U.S. citizens and Legal Permanent Residents (green card holders). Please type or print (in black ink) this application and return it to the above address. Give the evaluation forms to two of your professors to complete and return to Argonne with your application.

Name: _____
Last First Middle

Institution: _____
Name City State Zip

Academic Rank: Freshman Junior Graduate (Masters)
 Sophomore Senior Graduate (Doctoral)

Major: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Current Telephone: _____

E-Mail Address: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Using the on-line research participation catalog available through *DEP's home page at <http://www.dep.anl.gov>* list below, in order of preference, the research division, the research number of the research topics that are of most interest to you, and the underscored title.

PREFERENCE	DIVISION	NUMBER	TITLE
1			
2			
3			
4			
5			
6			

Indicate your grade point averages to date (use A=4.0, B=3.0, C=2.0, D=1.0, E&F=0):

All Undergraduate Courses _____ All Undergraduate Math, Science & Engineering Courses _____ All Graduate Courses _____



Name: _____

Colleges and Universities Attended

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

List undergraduate and graduate courses which you have completed or will have completed before your arrival at Argonne. List the most advanced courses in your major field first, your minor field and other pertinent courses. Please asterisk (*) all graduate courses and identify courses not yet completed by a grade of (X).

Course Title	Grade	Course Title	Grade

List the name of your adviser, head of your department, and two other professors who have knowledge of your educational experience. Please give the evaluation forms to any two of these individuals to complete and return to the Argonne Division of Educational Programs.

Name	Position	Phone
ADVISER:		
DEPT. CHAIRPERSON:		

List computer hardware and software (PC's, VAX, dBase, Fortran, Pascal, etc.), you have experience with, and indicate your level of proficiency and length of experience.

Name: _____

Have you had a previous appointment at Argonne? If yes, state type of appointment, supervisor, division and time period.

Describe your educational and career plans and the relationship of this Argonne program to your plans:

Briefly list your relevant professional and research experiences (include the name of the company, supervisor and dates):

List your assistantships, fellowships, publications and other pertinent skills or achievements:

Argonne does not provide you with medical coverage for non-job related injuries. You are required to have a health insurance policy in force while you are at Argonne. Your signature below indicates your understanding of this requirement and your intention to abide by this condition.

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 application and also authorize any of my references and employers to furnish information required by Argonne National Laboratory and I hereby release all such persons and organizations from any claim for damages by reason of furnishing such information or records.

Signature

Date



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Evaluation Form

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STUDENT: _____

INSTITUTION: _____

EVALUATOR: _____

DEPARTMENT & POSITION: _____

<u>ACADEMIC ABILITY:</u>	outstanding	upper 10%	upper 25%	average	below average
Analytical & Mathematical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- INITIATIVE:** Self-starter nearly all the time.
 Frequently is a self-starter; needs occasional stimulation.
 Occasionally is a self-starter; needs frequent stimulation.

ORAL COMMUNICATION WITH TEACHERS AND/OR SUPERVISORS:

- Excellent Average
 Very Good Below Average

QUALITY OF WRITTEN REPORTS:

- Excellent Average
 Very Good Below Average

Please attach additional comments on the student's potential for doing productive research and/or any traits that might have an important influence on the student's experience at Argonne.

Signature

Date



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