

Name: _____

Colleges and Universities Attended

Name & Location	From	To	Degree & Date Expected (or received)	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 Argon
List the most advanced courses in your major field first, your minor field and other pertinent courses. Please asterisk (*)
graduate courses and identify courses not yet completed by a grade of (X).

Course Title	Grade	Course Title	Grade

List the names of your adviser, head of your department, and two other professors who have knowledge of your
background. Please give the evaluation forms to any three 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 medical coverage for non-job related injuries. It is strongly suggested that you have a health insurance policy in force while at Argonne.

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

**STUDENT RESEARCH PARTICIPATION/
 TEMPORARY EMPLOYMENT PROGRAMS
 DIVISION OF EDUCATIONAL PROGRAMS
 ARGONNE NATIONAL LABORATORY
 ARGONNE, ILLINOIS 60439-4845**

Evaluation Form

**COMPLETED FORM MUST BE RECEIVED WITH
 THE APPLICATION BEFORE FEBRUARY 8**

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:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Below Average |

QUALITY OF WRITTEN REPORTS:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Average |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> 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