



GRADUATE STUDENT PROGRAMS

Division of Educational Programs

Argonne National Laboratory

9700 South Cass Avenue

Argonne, IL 60439

www.dep.anl.gov

Instructions: You must be eligible to work in the United States and hence be requested to provide required information upon acceptance to this program. Complete this application and return it to the above address. Please give the evaluation forms to two of your professors to complete and return to Argonne. Please type or print (in black ink) this application and return it to the above address.

Name: _____
Last First Middle

Institution: _____
Name City State Zip

Academic Rank: Graduate (Masters) Graduate (Doctoral)

Major: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Current Telephone: _____

E-Mail Address: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Colleges and Universities Attended

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

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

List your Assistantships, Fellowships, Publications, and Research Experience, continuing on an additional page if required (include name of company, supervisor, and dates):



NAME: _____

Type of Appointment Sought:

Lab Grad

Proposed Staff Supervisor at Argonne (if already determined): _____ TBD _____

Desired starting date of appointment: _____ October 15, 2009 _____

Application Approvals:

Research Adviser Signature

Department Head Signature

Dean of the Graduate School Signature
(Approval required for Lab-Grad appointments only)

It is understood that during the tenure of a Laboratory-Graduate award, in any case where annual tuition for this student exceeds the maximum of \$5000 provided by Argonne National Laboratory, the university will provide tuition relief equal to the excess.

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	Address (include city, state, zip)	Phone
ADVISER:		
DEPT. CHAIRPERSON:		
PROFESSORS:		

Thesis Parts, Guest Graduate Students and Visiting Graduate Students: 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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Division of Educational Programs
Argonne National Laboratory
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Argonne, IL 60439

TO BE COMPLETED BY APPLICANT

STUDENT: _____

INSTITUTION: _____

TENURE REQUESTED: _____

Please give statement of your research interests and purposes in applying for a graduate student appointment.



NAME OF STUDENT: _____

TO BE COMPLETED BY APPRAISER:

Answers will be treated as confidential by Argonne National Laboratory to the extent permitted by law.

PROGRAM DESCRIPTION: Argonne National Laboratory, one of the U.S. Department of Energy's major research centers, offers opportunities for qualified graduate students to carry on their master's or doctoral thesis research at the Laboratory. Two types of appointments are available:

LABORATORY GRADUATE PARTICIPANTSHIPS for students who have completed all requirements for their master's or doctoral degrees, except for the dissertation, the research it describes, and the final examination. These appointments provide the opportunity of performing all of the thesis research while in residence at Argonne. The research, to be done under the joint direction of the student's research professor and an Argonne staff member, must require resources not available on campus.

THESIS PARTS APPOINTMENTS for students who wish to perform only a portion of their dissertation research or to satisfy practicum requirements at Argonne. The work a student proposes must be related to work in progress at the Laboratory and must require resources not available on campus.

ELIGIBILITY: An appointee must be a full-time student at an accredited U.S. college of university. The proposed research program must have the approval of the applicant's research professor (campus thesis adviser) and department chairperson. Selections are based on academic record, faculty recommendations, and the compatibility of the proposed research with Argonne's objective and programs.

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

2. Basing your judgment primarily on your knowledge of the applicant, please rate the proposed appointment in reference to each of the following:

	<u>High</u>	<u>Moderate</u>	<u>Low</u>
Extent to which the applicant has the necessary ability to carry out and benefit from a Laboratory-Graduate Thesis appointment			
Potential of a Laboratory-Graduate Thesis appointment to contribute significantly to the applicant's professional development			
Appropriateness of the applicant's education and interests for the appointment			

NAME OF STUDENT: _____

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

4. Please add any other descriptive comments on how the proposed appointment could enhance the applicant's professional development.

5. From past experience, it is anticipated that we will have two to three times as many applicants for this program as can be given appointments. Taking this into consideration, to what extent do you recommend him/her for a Laboratory-Graduate Thesis appointment (circle one number).

Do not
recommend

1

2

3

4

5

Recommend
very strongly

COMMENTS:

6. (To be completed by department chairperson only). Has applicant taken major comprehensive exam? If so, when and with what result? If not, what is your estimate of the probability of his/her passing it?

Printed Name of person submitting appraisal: _____

Institution: _____

Address of Institution: _____

Title and Field of Specialty: _____

Signature: _____ Date: _____

NAME OF STUDENT: _____

TO BE COMPLETED BY APPRAISER:

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