

DIVISION OF EDUCATIONAL PROGRAMS

Reference Report on Application for a Faculty Research
Participation Appointment at Argonne National Laboratory

TO BE COMPLETED BY APPLICANT

Name: _____ Field: _____

University: _____ Length of Appoint-
ment 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?

(Continued on other side)

DEP-9 (rev. 7/91)

PLEASE RETURN THIS FORM TO:

**Faculty Research Participation Program
Division of Educational Programs
Argonne National Laboratory
9700 South Cass Avenue
Argonne, IL 60439
(630) 252-5448**