FACULTY RESEARCH PARTICIPATION PROGRAM/
DIVISION OF EDUCATIONAL PROGRAMS
ARGONNE NATIONAL LABORATORY
ARGONNE, ILLINOIS 60439-4845
630/252-5448

Instructions: Please type or print (in black ink) this application and return it to the above address. Please give the evaluation forms to three of your professors to complete and return to Argonne with your application.

Name: _____
Last First Middle

Institution: _____
Name City State Zip

Academic Rank: _____

Social Security Number: _____

Country of Citizenship: _____ ❑ Permanent Resident Alien
❑ Visa Type or
Alien Registration Number: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Current Telephone: _____

E-Mail Address (if available): _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Person to be Notified
in an Emergency: _____ Address: _____
Day Phone: _____ Evening Phone: _____

Using the research participation booklet, 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			

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.

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