FACULTY RESEARCH PARTICIPATION PROGRAM

Argonne National Laboratory

TO BE COMPLETED BY APPLICANT:

Name_____

Department_____

University_____

Address_____

_____

TO BE COMPLETED BY DEPARTMENT CHAIR OR DEAN:

Since the stipend for the summer Faculty Research Participation Program will be based on the applicant's current salary (up to the program maximum), please furnish this information in the space provided below.

Applicant's Current Academic Year Salary:_____ for_____ months.

Comments:_____

_____

_____

_____
Signature of Department Chair or Dean

_____
Date

_____
Title

_____
Institution

_____
Address

_____

PLEASE RETURN FORM TO:

Faculty Research Participation Program
Division of Educational Programs
Argonne National Laboratory
9700 South Cass Avenue
Argonne, IL 60439