



# 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 (One year term with renewals contingent upon satisfactory performance; includes stipend and up to \$5,000 tuition)
- Thesis Parts (A few days to a few months; includes per diem expenses)
- Guest-Graduate (6 months to year; no stipend or expenses included)
- Visiting Graduate (one year term with possibility of renewal contingent upon satisfactory performance)

Proposed Staff Supervisor at Argonne (if already determined): \_\_\_\_\_

Desired starting date of appointment: \_\_\_\_\_

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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.

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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



**GRADUATE STUDENT PROGRAMS**  
Division of Educational Programs  
Argonne National Laboratory  
9700 South Cass Avenue  
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: \_\_\_\_\_

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: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:** Graduate Student Programs, Division of Educational Programs, Argonne National Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439-4845



NAME OF STUDENT: \_\_\_\_\_

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

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