



COOPERATIVE EDUCATION PROGRAM

Division of Educational Programs

Argonne National Laboratory

9700 South Cass Avenue

Argonne, IL 60439

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 with a copy of your grade report or transcript. Please give the evaluation forms to two of your professors to complete and return to Argonne. Please print or type.

Name: _____
Last First Middle

Institution: _____
Name City State Zip

Academic Rank: Freshman Junior Graduate (Masters)
 Sophomore Senior Graduate (Doctoral)

Major: _____

Current Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Current Telephone: _____

E-Mail Address (if available): _____

Home Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____

Have you had a previous appointment at Argonne? YES NO

Have you registered with the Cooperative Education Program on your campus? YES NO

List the hours you would be available to work at Argonne between 8:30 a.m. and 5:00 p.m.:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____

Grade-point average: (A=4.0, B=3.0, C=2.0, D=1.0) All Courses _____ Math, Science & Engr. Courses _____



Name: _____

Colleges and Universities Attended

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

List undergraduate and graduate courses which you have completed or will have completed before your arrival at Argonne. List the most advanced courses in your major field first, your minor field and other pertinent courses. Please asterisk (*) all graduate courses and identify courses not yet completed by a grade of (X).

Course Title	Grade	Course Title	Grade

List the names 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	Position	Phone
ADVISER:		
DEPT. CHAIRPERSON:		

List computer hardware and software (PC's, VAX, dBase, Fortran, Pascal, etc.), you have experience with, and indicate your level of proficiency and length of experience.

Name: _____

List the chemical and biological instruments (spectroscopies, electron microscopes, etc.), you have experience with, and indicate your level of proficiency and length of experience:

List electronic instruments (oscilloscope, digital circuitry, printed circuit boards, etc.), you have experience with, and indicate your level of proficiency and length of experience:

Describe your educational and career plans and the relationship of this Argonne program to your plans:

Briefly list your relevant professional and research experiences (include the name of the company, supervisor and dates):

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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Evaluation Form

Please mail completed form to the above address

STUDENT: _____

INSTITUTION: _____

EVALUATOR: _____

DEPARTMENT & POSITION: _____

<u>ACADEMIC ABILITY:</u>	outstanding	upper 10%	upper 25%	average	below average
Analytical & Mathematical	<input type="checkbox"/>				
Experimental	<input type="checkbox"/>				

- INITIATIVE:** Self-starter nearly all the time.
 Frequently is a self-starter; needs occasional stimulation.
 Occasionally is a self-starter; needs frequent stimulation.

ORAL COMMUNICATION WITH TEACHERS AND/OR SUPERVISORS:

- Excellent Average
 Very Good Below Average

QUALITY OF WRITTEN REPORTS:

- Excellent Average
 Very Good Below Average

Please attach additional comments on the student's potential for doing productive research and/or any traits that might have an important influence on the student's experience at Argonne.

Signature

Date





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