



Name: \_\_\_\_\_

### Colleges and Universities Attended

Name & Location	From		To		Degree & Date Expected (or	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 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	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.

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Name: \_\_\_\_\_

Have you had a previous appointment at Argonne? If yes, state type of appointment, supervisor, division and time period.

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):

List your assistantships, fellowships, publications and other pertinent skills or achievements:

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



**RESEARCH AIDE PROGRAM**  
 Division of Educational Programs  
 Argonne National Laboratory  
 9700 South Cass Avenue  
 Argonne, IL 60439

**Evaluation Form**

Please mail completed form to the above address

STUDENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_

DEPARTMENT & POSITION: \_\_\_\_\_

**ACADEMIC ABILITY:**      outstanding                  upper 10%                  upper 25%                  average                  below average

Analytical & Mathematical

Experimental

**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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