

Summer 2010 Tribal Internship Program

Division of Educational Programs Argonne National Laboratory Argonne, Illinois 60439-4845

Instructions:

1. Answer **all** questions on this application.
 2. Print out the Evaluation Form and give it to two of your professors to complete and return to Argonne
-

Name

First Name: MI:
Last Name:

Current Address

Address: Apt #:
City: State: Zip Code:
Phone:

Home Address

Address: Apt #:
City: State: Zip Code:
Phone:

Electronic Address

Email Address:
Web Address:

Emergency Contact Address

Person to be notified

in an emergency :

Address:

Day Phone:

Evening Phone:

Academic Information

Your Current Institution

Note: This information must also be entered in the Colleges & Universities Attended section, below

Name:

City:

State:

Zip Code:

Major:

-
-
-
- Freshman
-
-
- Sophomore
-
-
- Junior
-
-
- Senior
-
-
- 5th Year Senior
-
-
- Graduate (Masters)
-
-
- Graduate (Doctors)

Grade Point Averages

Enter your grade point averages to date as a number (use A=4.0, B=3.0, C=2.0, D=1.0, E&F=0)

Undergraduate Engineering Math

Science Courses

All Undergraduate Courses

All Graduate Courses

Undergraduate and Graduate Courses

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, then your minor field and other pertinent courses. Please asterisk (*) all graduate courses. After the course title, enter your grade for that classes in parenthesis () and identify courses not yet completed by a grade of (X).

1	
2	
3	
4	
5	
6	
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8	
9	
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12	
13	
14	
15	

References

List the names of your adviser, head of your department, and two other professors who have knowledge of your background. Please give the [evaluation form](#) to any two of these individuals to complete and return to Argonne Division of Educational Programs.

	Name	Position	Phone
Adviser	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dept. Chairperson	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professor	<input type="text"/>	<input type="text"/>	<input type="text"/>

Research Projects

In viewing the [Research Catalog](#), you should have determined 6 research projects that you would wish to participate in. Enter the 6 or 7 character project id number (in the format: project number - ANL division, i.e. 100-APS) in the boxes. A pull down menu is provided to aid you in selecting numbers. For your **1st Choice** you may select a project by clicking on the project id number. **For the 2nd through 6th choices, you must type in the 6 or 7 character project id number.** (Note: If the number is "009", you must enter "009", not "9"). If you are applying for the Tribal Internship Program, simply enter the project number.

1st	<input type="text"/>
2nd choice	<input type="text"/>
3rd choice	<input type="text"/>
4th choice	<input type="text"/>
5th choice	<input type="text"/>
6th choice	<input type="text"/>

Experience

Argonne National Laboratory Experience

Check this box if you have had a previous appointment at Argonne

If so, describe type of appointment, supervisor, division and time period.

Computer Experience

In this space, list computer hardware and software (PC's, UNIX, dBASE, Fortran, Pascal, C/C++, JAVA, etc.), experience you have had and indicate your level of proficiency and length of experience.

Educational and Career Plans

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

Professional and Research Experience

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

Assistantships, Fellowships, Publications and other pertinent skills

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

For more information contact the Argonne Division of Educational Programs.

[Division of Educational Programs](#)



TRIBAL INTERNSHIP 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: _____

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

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Signature

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