ORISE RESEARCH PARTICIPATION AT THE CDC

SELECTION FORM

Instructions: If selected, please complete all items; if NOT selected, please complete items 1, 2, and 10.

1. Applicant's Name: _____

2. Selected ____ Not Selected ____

3. Applicant's Academic Status:

   Student: ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate
   or
   Postgraduate's Highest Degree: ____ Bachelor's ____ Master's ____ Doctorate

4. Research Topic: _____

   _____

   _____

   _____

5. Discipline of Research Topic:

   ___ Engineering ___ Computer Science/Mathematics ___ Physics ___ Chemistry
   ___ Biological Sciences ___ Environmental Sciences Other: *(please specify)* _____

6. Monthly Stipend: _____ Funding Document #: _____

   Ceiling: Inbound Moving and Travel *(if limited to a specific amount)* $ _____

   Training/Professional Meetings *(if limited to a specific amount)* $ _____

7. Proposed Appointment Period: From _____ To _____

8. Research Location: _____

9. Research Mentor: _____
   Mailing Address: _____
   Phone: _____ Fax: _____ E-Mail: _____

10. Program Coordinator: _____
    name date

RETURN BY FAX TO: ORISE, CDC Programs, (865) 241-5219. ***PLEASE DO NOT MAIL***.