

**U.S. DEPARTMENT OF ENERGY
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
GRADUATE FELLOWSHIP PROGRAM**

UNIVERSITY PARTICIPATION APPLICATION

Cover Page

Institution _____

Department(s)/Program _____

City _____ State _____ Zip _____

Fellowship Coordinator Designee: _____

Name _____ Title _____

Telephone: Office _____ Department _____

Fax No: _____

Internet Address: _____

Mailing Address _____

To be signed by an academic official with authority to make university commitments

Signature _____ Date _____

Full Name (typed) _____

Mailing Address _____

**ORIGINAL APPLICATION AND SIX COPIES (WITH APPENDICES) must be submitted no later than
January 26, 2004 (complete application not to exceed 25 pages)**

ALL FORMS MAY BE REPRODUCED AS NEEDED.

Return completed application to:

Jennifer Garren
OCRWM Fellowship Program
Oak Ridge Institute for Science and Education
120 Badger Avenue
Oak Ridge, TN 37831-0117
Phone: (865) 241-2890; Fax: (865) 576-8293

**OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
GRADUATE FELLOWSHIP**

UNIVERSITY APPLICATION CHECKLIST

Cover Page	_____
Checklist	_____
Capabilities and Commitments	_____
Course Offerings (Table Aa & Ab)	_____
Core Curriculum (Table Aa)	_____
Course Offerings (Table Ab)	_____
Titles of Projects, Theses and Dissertations in the Radioactive Waste Management Area (Table B)	_____
Postgraduate Employment (Table C)	_____
Faculty Listing (Table D)	_____
Faculty Vitae (Table E)	_____
Research Projects (Table F)	_____
Facilities and Equipment (Tables Ga & Gb)	_____
Research Table (Ga)	_____
Instructional Table (Gb)	_____
Additional Materials (Table H)	_____

Institution _____

**CAPABILITIES AND COMMITMENTS OF THE UNIVERSITY
TO THE TECHNICAL AREA(S)**

(Reproduce this form for inclusion of additional pages, if needed. Please provide double-spaced, typewritten copy.)

Institution

**TABLE Aa
CORE CURRICULUM**

Please list the core curriculum for this program at your school, broken down by year and by term (if applicable). All core courses and electives should be included in Table Ab of this application. The listed curriculum should be the one that appointees to the Office of Civilian Radioactive Waste Management Fellowship program will follow during their fellowship appointment.

Institution _____

TABLE Ab

COURSE OFFERINGS RELATED TO Civilian Radioactive Waste Management

(past five years)

GRADUATE COURSES (check one)

_____ Semester Hours

_____ Quarter Hours

Course Number, Title and Catalog Description	Course Hours	Required/ Elective	Frequency of Offering	<u>Course Enrollment for Past Five Years</u>				
				This Year 20__	Last Year 20__	2 Years Ago 20__	3 Years Ago 20__	4 Years Ago 19__

Institution _____

TABLE B

TITLES OF PROJECTS, THESES AND DISSERTATIONS IN Civilian Radioactive Waste Management

(past five years - you may limit to 4 for each category)

Student Name - Faculty Advisor - Title

Masters (list granted degrees)

Doctoral (list granted degrees)

Institution _____

TABLE C

POSTGRADUATE EMPLOYMENT OF GRADUATE CIVILIAN RADIOACTIVE WASTE MANAGEMENT FELLOWS
(past five years - you may limit to 10 individuals)

Student Name	Degree-level	Year of Graduation	Employer	Postgraduation Employment Major Assignment
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Institution

**TABLE D
LISTING OF FACULTY INVOLVED
IN
CIVILIAN RADIOACTIVE WASTE MANAGEMENT**

**Rank and
Name Department**

**Full-Time Equivalent Percentage of
Instruction and Research Related to
Civilian Radioactive Waste Management**

Institution _____

TABLE E
FACULTY VITAE FOR TABLE D LISTING
(Please limit to one page per person)

For all current faculty committed to Civilian Radioactive Waste Management

Name: _____

Academic Rank: _____

Date of Initial Appointment:

Degrees (where and when conferred):

Field of Specialization and Areas of Interest:

Significant Research Publications (up to 5 most recent):

Responsibility in the program:

Nature of consulting, industrial employment or other non-university activity in the past two-three years:

Any other pertinent data:

Institution _____

TABLE F
RESEARCH PROJECTS RELATED TO CIVILIAN RADIOACTIVE WASTE MANAGEMENT
(past five years - you may limit to six)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Title
Principal Investigator
Sponsor
Scope/Objective
Funding Level
Term of Project (dates)

Institution

TABLE Ga
DESCRIPTION OF *RESEARCH* EQUIPMENT AND FACILITIES RELATED TO
CIVILIAN RADIOACTIVE WASTE MANAGEMENT
(may include on- and/or off-campus equipment)

Equipment/Facility Location (on- and/or off-campus)

Description of Equipment/Facility Utilization

Institution

TABLE Gb

DESCRIPTION OF PERTINENT (EXISTING) *INSTRUCTIONAL* EQUIPMENT
AND FACILITIES RELATED TO CIVILIAN RADIOACTIVE WASTE MANAGEMENT

Itemize

Equipment/Facility Description of Equipment/Facility Utilization Location (on- and/or off-campus)

Institution _____

TABLE H
ADDITIONAL MATERIAL CONSIDERED IMPORTANT
IN ASSESSING THE UNIVERSITY'S ELIGIBILITY
(use additional sheet, if needed, but limited to two pages)
