National Library of Medicine
Research Participation Program
Graduate Student Application

Instructions

Instructions

1 Type or print all information required.
2. Sign the application. Unsigned applications will not be reviewed.
3. Ask three people familiar with your qualifications to submit references directly to the ORISE address below. This application packet contains three reference forms for this purpose.
4. Submit your application to the address listed below.

Application Contents

A complete application consists of the following:

1. The completed and signed graduate student application form
2. Three references
3. A description of current and previous research (two-page limit)
4. A current vitae
5. For LPR's, a copy of the legal permanent resident card

MAIL THE COMPLETED APPLICATION AND REQUIRED ATTACHMENTS TO:

NLM Graduate Research Participation Program
Science and Engineering Education, MS 36
Oak Ridge Institute for Science and Education
P.O. Box 117
Oak Ridge, Tennessee 37831-0117

For express delivery:
Oak Ridge Institute for Science and Education
MS 36, 230 Warehouse Road
Oak Ridge, Tennessee 37830

General information and inquiries:

Phone	(865) 576-9975
Fax	(865) 241-5220
E-mail	Barbara Dorsey at dorseyb@orau.gov

Graduate Student Application Form (Please type or print clearly.)

Name _____ Social Security Number _____
Last First Middle

Degree Program

I am pursuing a ❑ Master's ❑ Doctorate (check both boxes if a candiate for both degrees)

M.S. expected _____
Date

Ph.D. expected _____
Date

College/University _____

Department _____ Major _____

City _____ State _____ Zip _____ Dept. Phone _____

School Residence _____

City _____ State _____ Zip _____ Phone _____

Address effective through: _____. *After this date, all correspondence will* be sent to the permanent address listed below unless otherwise specified.

Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Fax Number _____ E-mail _____

Citizenship: Are you a U.S. citizen? ❑ Yes ❑ No
If no, are you a Legal Permanent Resident? ❑ Yes ❑ No

If LPR, country _____ LPR Number _____

Country of Birth _____ Port of Entry _____

References: List three persons familiar with your academic preparation and your technical capabilities. Please have these individuals transmit the attached reference forms directly to ORISE. A reference may be returned with the application packet if it is placed in a sealed envelope with the reference's signature across the seal.

1.
2.
3.

Education: List technical schools, universities, and colleges. Begin with the most current institution. Please submit transcripts from each institution listed below.

Undergraduate Institution(s)

Institution	Dates Attended	Major	Degree Received/Expected	Month/Year	GPA

Graduate Institution(s)

Institution	Dates Attended	Major	Degree Received/Expected	Month/Year	GPA

Grade Point Average: List the cumulative undergraduate and graduate GPA for all institutions listed above. Use 4.0 scale to compute (A=4, B=3, C=2, D=1). If your institution use a grading scale other than 4.0 (e.g., 5.0 or 6.0), recompute to 4.0. Please round to two decimal places.

Undergraduate Cumulative GPA _____

Graduate Cumulative GPA _____

Employment Record: Begin with current or most recent employment.

Employer	From/To	Position	Nature of Work

Academic Awards and Honors: Include undergraduate and graduate honors *(if applicable)*.

Undergraduate Honors

Graduate Honors *(if applicable)*

Extracurricular Activities: Include technical societies and service organizations *(include offices held)*.

Parent/Legal Guardian/Spouse/Person to Notify in Case of Emergency

Name _____ Relationship _____

Address _____
Street City State Zip Code

Home Telephone ( ) _____ Office Telephone ( ) _____

I understand that information supplied in support of this application will be transmitted to the National Library of Medicine.

Signature _____ Date _____

Statement of Career and Academic Goals and Objectives

Submit a brief summary of your academic and career plans. Please type or print clearly.
THIS STATEMENT IS VITAL TO THE OVERALL EVALUATION OF YOUR APPLICATION.

Signature

Date

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Reference Form

Please type or print clearly and return the original form to Oak Ridge Institute for Science and Education (address below). A letter may be substituted, if more convenient.

APPLICANT _____
(last, first, middle)

How long and in what association have you known the applicant? Length of time _____

In a group of 100 other science and math students of comparable experience, how would you rate the applicant with respect to the following personal characteristics:

	Below Average	Average	Above Average	Out-Standing	Superior	Inadequate Opportunity To Observe
	Lowest 40	Middle 25	Next 20	Highest 15		
Motivation toward a successful productive career						❑
Growth during total period observed						❑
Fertility of imagination; originality of thought						❑
Emotional stability and maturity						❑
Ability to work with others						❑
Self-reliance and independence						❑

In a group of 100 other science and math students of comparable experience, how would you rate the applicant with respect to the following scientific capabilities:

	Below Average	Average	Above Average	Out-Standing	Superior	Inadequate Opportunity To Observe
	Lowest 40	Middle 25	Next 20	Highest 15		
Mastery of fundamental knowledge in field						❑
Skill and originality in design of research projects						❑
Laboratory skill and technique						❑
Ability to communicate information (written-oral)						❑

In the space below, add any descriptive comments which will assist in providing a complete picture of the applicant's character, attitude, and ability/potential for research. Please comment on weaknesses as well as strong points (use additional sheets if necessary).

_____
_____
_____
_____

Signature _____ Date _____
Typed or printed name _____ Title _____
Address _____

Return to: NLM Graduate Research Participation Program, MS 36, Oak Ridge Institute for Science and Education, P.O. Box 117, Oak Ridge, Tennessee 37831-0117

Questions: Barbara Dorsey, Senior Program Specialist, Phone: (865) 576-9975, Fax: (865) 241-5220, E-mail: dorseyb@orau.gov

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Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Citizenship: ❑ USA ❑ Legal Permanent Resident (LPR)
❑ Foreign National - Country _____

If US citizen, please complete:
Race and/or Ethic Origin (check one)

❑ Caucasian American

❑ African American

❑ Hispanic American

❑ Native American

❑ Asian or Pacific Islander American

❑ Other

Birth Date (month, day, year) _____

Gender Male ❑ Female ❑

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes ❑ No ❑

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