

Brookhaven National Laboratory/Office of Educational Programs

SUPPLEMENTAL STUDENT APPLICATION

Please type or print in black ink. Complete both pages.

Name: _____
Mr./Ms. First M.I. Last

Current Address: _____
Street
 _____ (____) _____
City State Zip Telephone

Permanent Address: _____
Street
 _____ (____) _____
City State Zip Telephone

E-mail address _____

U.S. Citizen: () Yes () No Social Security Number: _____ Sex: () M () F

Permanent Resident Alien: () Yes () No If yes, PRA Number: _____ Country: _____

Date of Birth: ____/____/____ City/Country of Birth: _____

Emergency Contact: _____
Name Home Telephone Work Telephone Relationship

College/University Attended Name & Location	Date Attended	Degree Expected or Received	Date

Academic Major: _____ Minor: _____ GPA: _____ Math/Science GPA: _

Present Class Standing: () Sophomore () Junior () Senior () Graduating Senior

List computer languages/software and your level of proficiency (very good/good/fair):

1. _____ 2. _____ 3. _____

List your academic honors and your pertinent skills:

List the names of two professors who have good knowledge of your performance in your academic major. Ask each of them to complete one of the Confidential Reference Forms and send it directly to the address below prior to the deadline for receipt of application.

Name	Position/Title	Address/Telephone Number

I affirm that the information contained in this application is accurate to the best of my knowledge.

Signature

Date

Endorsement of Application - Application must be endorsed by one of the following:

Cooperative Education Department
Advisor

Academic Department Chairperson
Other Authorized University Official

Signature

Date

Typed Name: _____ Department: _____

Title: _____

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!

Required Attachments:

" Description of Research Interests and Career Plans (See next Page)

" Transcripts (NOTE: *Unofficial transcript(s) will be accepted; official transcripts may be required prior to appointment starting date.*)

Please mail completed application and required attachments to:

Supplemental Student Program
Brookhaven National Laboratory
Science Education Center
Building 438
P.O. Box 5000
Upton, NY 11973-5000

Description of Research Interests and Career Plans

Please type or print in black ink.

- I. List science, math, computer, and engineering courses in which you are presently enrolled, or that you plan to complete before your arrival at the Laboratory.

Course Title	No. Credits	Course Title	No. Credits

- II. Description of Research Interests (Use back page if required):

- III. Description of Career Plans (Use back page if required):

Applicant Data

Applicant data are 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: _____

Race/Ethnic group

Caucasian (*having origins in any one of the original peoples of Europe, North Africa, or the Middle East*)

Black (*having origins in any of the Black peoples of Africa*)

Hispanic (*of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture of origin, regardless of race*)

American Indian (*having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation or community recognition*)

Asian or Pacific Islander (*having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island--for example, India, China, Japan, Korea, Philippine Islands, and Samoa*)

Sex: () M () F Birth Date: ___/___/___

Physical/Mental disability (physical or mental impairment that substantially limits one or more major activities--for example, blindness, deafness, or mobility impairment): Yes ___ No ___

PLEASE RETURN WITH APPLICATION

Supplemental Student Program
Brookhaven National Laboratory
Science Education Center
Building 438
Upton, NY 11973-5000

Confidential Reference Form (A letter may be substituted for this form if more convenient.)

Name of Applicant: _____ + _____

Current Address: _____
First M.I. Last

Street City State Zip Code

Institution: _____

How long have you known the applicant, and what is the nature of your association?

Please complete the following:

I would rate the applicant among the upper _____ % of previous students I have known.

For each qualification below, please circle the word that best describes the applicant.

Academic Ability:

Analytical and Mathematical:	Outstanding	Upper 10%	Upper 25%	Average	Below Average
Experimental:	Outstanding	Upper 10%	Upper 25%	Average	Below Average

Initiative:

Self Starter:	Nearly all the time	Needs occasional stimulation	Needs frequent stimulation
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Oral Communication with Teacher and/or Supervisors:

Excellent	Very Good	Average	Below Average
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Quality of Written Work:

Excellent	Very Good	Average	Below Average
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Please comment on: *(Use back if desired)*

1. The applicant's potential for doing productive, creative research:

2. Any traits that might have an important influence on the experience at Brookhaven:

Signed: _____ Date: _____

Typed or printed name: _____ Title: _____

Address: _____

Telephone: _____ Electronic Mail Address: _____

Please return to:

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Brookhaven National Laboratory
Science Education Center
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Upton, NY 11973-5000