



GRADUATE RESEARCH ASSISTANTSHIP

APPLICATION FORM

Send completed application form, three letters of recommendation from faculty members, official academic transcripts, official GRE scores, and an endorsed research proposal from an SREL faculty sponsor to:

Savannah River Ecology Laboratory
Education Program
PO Drawer E
Aiken, SC 29802
Phone: (803) 725-0156 Fax: (803) 725-3397

Applications deadlines: March 1 for Summer/Fall start
and October 1 for Winter/Spring start.

Please allow 6 weeks after the due date for applicant processing and selection.

Please Type or Print Clearly in Ink

Date: _____ Proposed Start Date: _____ Long-term ___/Short-term ___

SREL Faculty member who will supervise your work: _____
(Receipt of support is contingent upon official appointment of an SREL Faculty member as Chair or Co-Chair of your research committee by the Graduate Dean.)

Name: _____
Last First Middle

Current Phone: _____ E-mail Address: _____

Present College/University: _____ MS Program ___/PhD Program ___

Graduate Record Exam Scores: (Please submit official GRE Score Report.)

Analytical Score _____ % Rank _____

Quantitative Score _____ % Rank _____

Verbal Score _____ % Rank _____

Advanced Test (if taken): Field _____ Score _____ % Rank _____

Attach Additional Pages for the Following if Necessary

List all colleges/universities attended, your major/minor and dates degrees were awarded or are expected. Begin with your current or most recent program.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cumulative Graduate Grade Point Average: _____ of _____ (max.)

Cumulative Undergraduate Grade Point Average: _____ of _____ (max.) GPA in major: _____

(Please submit official transcripts.)

List Academic Honors, Scholarships, Fellowships, Assistantships, and Dates:

On a separate page (one page maximum), describe your research plans and goals for the term at SREL.

Have your research plans and budget projections been discussed with and approved of by your SREL sponsor?

Yes _____/No _____ Comments: _____

On a separate page, describe how your research project is SREL core mission-related.

List three faculty members, one of whom is your SREL supervisor, who are acquainted with your professional and academic achievements and who will transmit letters of recommendation to the SREL Education Program.

Name	Position	University
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Affirmative Action/Equal Employment Opportunity Data Sheet

In compliance with Federal and State Equal Employment Opportunity laws, SREL is required to collect and report data on all applicants. The responses given will be held **confidential and separate from the submitted application**.

Please Type or Print Clearly in Ink

Name: _____
Last First Middle

Social Security Number: _____ Nationality: _____
Date of Birth: _____ Gender (optional): _____

Current Address: _____
City: _____
State: _____ Zip: _____
Current Phone: _____
E-mail Address: _____

Permanent Address: _____
City: _____
State: _____ Zip: _____
Permanent Phone: _____
E-mail Address: _____

Name of Parent, Guardian, or Spouse: _____ Phone: _____

If you wish to identify your ETHNIC CATEGORY, please check the appropriate spaces below.

- ____ American Indian or Alaskan Native
- ____ Asian or Pacific Islander
- ____ Black (not of Hispanic origin)
- ____ Hispanic
- ____ White (not of Hispanic origin)
- ____ Other (Specify) _____

If you wish to identify yourself as a person with disabilities, veteran with disabilities or a Vietnam era veteran, please check the appropriate spaces below.

- ____ A Qualified Disabled Individual who 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is qualified to perform a particular job with reasonable accommodation to his/her disability.
- ____ A Qualified Disabled Veteran
- ____ A Vietnam Era Veteran