

U.S. DEPARTMENT OF ENERGY,
 OFFICE OF NUCLEAR ENERGY, SCIENCE, AND TECHNOLOGY,
 RICKOVER FELLOWSHIP PROGRAM IN NUCLEAR ENGINEERING
 2010-2011

RENEWAL APPLICATION FORM

1. DATA

Name: _____
 Mr. /Ms. First Name Middle Name Last Name

University and Department: _____

Degree Program: () M.S. () Ph.D. _____
 Name of Degree

Date Degree is expected: _____
 month/year

Date Fellowship began: _____
 month/year

Social Security Number: _____

Renewal of fellowship requested for the period: _____ to _____
 month/year month/year

Name of University Advisor: _____

Name of Laboratory Advisor: _____

2. ADDRESS/PHONE/FAX/EMAIL (Please be sure to notify the Special Programs Office if any of this information changes, it is always very important that the Fellowship staff be able to contact you.)

Street Address or P.O. Box: _____

City/State/ and Zip: _____

Telephone (area code and number): _____ Fax: _____

Cell Phone: _____

Email: _____

3. PRACTICUM

Indicate below the practicum assignments that you have had.

	First Practicum	Second Practicum
Begin and End Date (mo/day/yr)		
Name of Laboratory		
Name of Supervisor		
Unclassified Title of Practicum Assignment		

If you have not completed the required number of practicum assignments, please indicate when and where you plan to complete these assignments. (Use separate sheet if needed).

APPLICANTS NAME: _____

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4. THESIS RESEARCH (M.S. or Ph.D.) IN COLLABORATION WITH A NAVAL REACTORS LABORATORY

All Rickover Fellows must perform their MS and PhD thesis work in a collaborative effort with either Bettis or KAPL Laboratories. Please provide answers to the following questions in the space below: Do you have a thesis topic, and if so, what is the title? Has the thesis topic been approved by your laboratory advisor? If you do not have a thesis topic, what are your plans for selecting one?

5. PUBLICATIONS (Please provide bibliographic information on any publications you may have authored or co-authored over the past year, please attach abstract to this application.)

6. COURSES COMPLETED OVER THE PAST YEAR (Dates from _____ to _____)

A current official transcript reflecting your Fall/Winter 2008 grades must be included in order for your renewal application to be complete

Title	Course#	Hours	Grade
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[If grades listed above are numeric, please indicate on what scale they are based (ex. 4pt. or 5 pt.)]

7. COURSES PLANNED FOR THE NEXT YEAR (Dates from _____ to _____)

Title	Course#	Hours
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APPLICANTS NAME: _____

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8. STATEMENT ON CAREER AND ACADEMIC GOALS AND OBJECTIVES

(Submit a brief summary of your academic plans. Indicate the relationship between your academic interests and the objectives of the fellowship program. This goal statement should address how your research meets the objectives of the fellowship program. This statement is vital to the overall evaluation of your renewal application.

SIGNATURE

Applicant's Signature: _____ Date: _____

(In providing this signature, the applicant recognized that the Medical University of South Carolina and the U.S. Department of Energy, Division of Naval Reactors, or its prime contractors, have the right to verify all information contained in this application. Furthermore, they may disclose this information to their agents and contractors as needed to perform their functions. Any false or misleading statements made by the applicant may result in either the removal of the application or the termination of a fellowship appointment.

Please mail or e-mail the completed renewal application form, including any endorsements that are not mailed separately to:

Medical University of South Carolina
Special Programs Office, Rickover Fellowship
19 Hagood Avenue, HOT 304-H4
MSC 851
Charleston, SC 29425-8510

Phone: (843) 792-1469
Fax: (843) 792-0235
Email: cardern@musc.edu

