Rickover Graduate Fellowship Program

U. S. DEPARTMENT OF ENERGY, OFFICE OF NUCLEAR REACTORS

Request for Practicum Assignment

Fellow's Name:_____ Department:_____

University:_____Telephone (Dept):_____

Fellow's University

Address:_____

Telephone (Office):_____

Facility Badge Information

Birth date:_____Social Security Number:_____

Name of Health Insurance Provider:_____Contract No._____

Name of Subscriber:_____

Address of Insurance Company:_____

Fellow's Signature:_____Date:_____

Site Information

Proposed Participating DOE Facility for Practicum Assignment:
( ) Bettis, Pittsburgh ( ) KAPL, Albany

Proposed Dates at Center:_____-_____
m/d/yr m/d/yr

Name of Facility Mentor:_____

Has your mentor given tentative approval for the proposed dates and area of research?
( ) Yes ( ) No

Mentor Title:_____ Division:_____

Address:_____

Phone:_____Fax:_____

E-Mail Address:_____

Proposed Areas of Practicum Research (continue on additional page, if necessary):

University Approvals:

University Advisor: I have read the request above and I approve it.

Name (typed or printed)	Department
Signature	Date

MUSC/OSP Approval:

Signature	Date

Return to:
Nancy Carder
Medical University of South Carolina
Special Programs Office
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Charleston, SC 29425 -8510

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