

U.S. DEPARTMENT OF ENERGY,  
OFFICE OF NUCLEAR ENERGY, SCIENCE, AND TECHNOLOGY,  
NUCLEAR ENGINEERING AND HEALTH PHYSICS FELLOWSHIP PROGRAM  
2009-2010

RENEWAL APPLICATION FORM

1. DATA

Name: \_\_\_\_\_  
Mr. /Ms.                      First Name                      Middle Name                      Last Name

Year in Program: ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> \_\_\_\_\_  
Name of Degree (Example: M.S. Radiological Sciences)

Date Degree is expected: \_\_\_\_\_  
month/year

Date Fellowship began: \_\_\_\_\_  
month/year

Social Security Number: \_\_\_\_\_

Renewal of fellowship requested for the period: September 2009 to \_\_\_\_\_ (month/year)

Are you currently receiving or do you expect to receive other support or awards during the length of the NE/HP Fellowship? ( ) Yes ( ) No

If you answered yes, please list the support/awards and the date you began to receive them.

<u>Award Name</u>	<u>Date received</u>
_____	_____
_____	_____
_____	_____

2. CONTACT INFORMATION

(Please be sure to notify the Special Programs Office if any of this information changes.)

Street Address or P.O. Box: \_\_\_\_\_

City/State/ and Zip: \_\_\_\_\_

Telephone (area code and number): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. PRACTICUM

Have you participated in the required practicum assignment? If yes, please list laboratory name, name of your supervisor, general area of work performed and the beginning and ending date of your assignment. If no, please indicate when and where you plan to complete this assignment. (Check one below)

( ) Yes Begin Date/End Date: \_\_\_\_\_/\_\_\_\_\_  
mo/day/yr mo/day/yr

Name of Laboratory: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

General Area of Work: \_\_\_\_\_

( ) No If you marked no, please provide a description of your plans to complete the practicum:

APPLICANTS NAME: \_\_\_\_\_

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4. THESIS RESEARCH (M.S. or Ph.D.) in collaboration with a DOE facility

Have you considered performing your thesis research in collaboration with a DOE facility?  
( )Yes ( )No

If you answered yes, please provide information in space below by identifying site, supervisor, and thesis topic area. If you answered no, please identify topic. If you have not identified a topic and would like to participate in collaborative research with a DOE facility, please list potential sites and general topics in the space provided below.

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 1/1/08-1/1/09.)  
**(A current transcript must be included in order for your renewal application to be complete.)**

Title	Course No.	Hours	Grade
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7. COURSES PLANNED (For the next year 1/1/09-1/1/10.)

Title	Course No.	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. If you have selected either a M.S. or Ph.D. thesis topic, please give the title and summarize the significance of your research in the space provided below. This goal statement should address how your research meets the objectives of the fellowship program and the mission goals of the programs sponsor the U.S. Department of Energy's Office of Nuclear Energy, Science and Technology. This statement is vital to the overall evaluation of your renewal application.

**SIGNATURE**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(My signature acknowledges that I am aware that this program is supported by funding from the United States Government, and therefore is subject to Federal law regarding false statements and fraud particularly the criminal provisions of 18 U.S. code Section 1001. I certify, under the penalty of law, that the original submitted student renewal application contains no false, fictitious, or fraudulent representations, statements, or entries.)

This renewal application was prepared under Grant Number DE-FG07-05ID14692 between The U.S. Department of Energy and the Medical University of South Carolina.



APPLICANTS NAME: \_\_\_\_\_

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FELLOWSHIP COORDINATOR ENDORSEMENT

I endorse this request for renewal of the Nuclear Engineering/ Health Physics Fellowship Award for the period stated on Page one (1) of this application. During the past appointment period, the applicant completed the required courses and made significant progress on completing the degree program.

Faculty Advisor's Endorsement

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide below any additional comments that might assist the renewal application reviewers in their assessment of the applicant's progress.

Return completed renewal application form and correspondence to:

Medical University of South Carolina  
Special Programs Office, NE/HP 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