

**U.S. DEPARTMENT OF ENERGY**  
NUCLEAR ENGINEERING AND HEALTH PHYSICS FELLOWSHIP PROGRAM

Request for Practicum Assignment

Fellow Information

Name \_\_\_\_\_ Department \_\_\_\_\_

University \_\_\_\_\_ Dept. Telephone \_\_\_\_\_

Fellow's University Address \_\_\_\_\_

Telephone (Office) \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

Fellow's Email Address \_\_\_\_\_

Information Needed for Facility Badging

Fellow's Birthdate (mm/dd/yyyy) \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Contract Number \_\_\_\_\_

Name of Subscriber \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Fellow's Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Information

Proposed DOE Facility for Practicum Assignment \_\_\_\_\_

Proposed Dates (mm/dd/yyyy) Start: \_\_\_\_\_ to End: \_\_\_\_\_ (Minimum time is 12 weeks)

Has the Center coordinator given tentative approval for the proposed dates and area of research? Yes      No

Facility Supervisor for Project (the person to whom you will be reporting, if different from the Facility Coordinator) \_\_\_\_\_

Title \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

NE/HP Fellowship Practicum Assignment Request Fellow Name \_\_\_\_\_

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

University Approval:

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

\_\_\_\_\_  
Name (*Typed or Printed*)

Department \_\_\_\_\_

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

MUSC/OSP Approval:

\_\_\_\_\_

Date \_\_\_\_\_

Return to: Nancy Carder  
MUSC/Special Programs Office  
19 Hagood Avenue, HOT 304-H4  
PO Box 250851  
Charleston, SC 29425

843-792-1469 (Telephone)  
843-792-0235 (FAX)