

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

UNIVERSITY APPLICATION CHECKLIST

THIS APPLICATION IS FOR THE:  
NUCLEAR ENGINEERING PROGRAM \_\_\_\_\_  
HEALTH PHYSICS PROGRAM \_\_\_\_\_  
(CHECK ALL THAT ARE APPROPRIATE)

THIS APPLICATION IS FOR THE:  
FELLOWSHIP PROGRAM \_\_\_\_\_  
SCHOLARSHIP PROGRAM \_\_\_\_\_  
(CHECK ALL THAT ARE APPROPRIATE)

COVER PAGE \_\_\_\_\_

BURSAR INFORMATION \_\_\_\_\_

CAPABILITIES AND COMMITMENTS \_\_\_\_\_

COURSE OFFERINGS (TABLE A) \_\_\_\_\_

CURRENT STUDENT ENROLLMENT (TABLE B) \_\_\_\_\_

TITLES OF PROJECTS, THESES AND DISSERTATIONS (TABLE C) \_\_\_\_\_

POSTGRADUATE EMPLOYMENT (TABLE D) \_\_\_\_\_

FACULTY LISTING AND VITAE (TABLE E) \_\_\_\_\_

RESEARCH PROJECTS (TABLE F) \_\_\_\_\_

FACILITIES (TABLE G) \_\_\_\_\_

EQUIPMENT (TABLE H) \_\_\_\_\_

U.S. DEPARTMENT OF ENERGY, OFFICE OF NUCLEAR ENERGY, SCIENCE AND  
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SCHOLARSHIP AND FELLOWSHIP PROGRAM

UNIVERSITY PARTICIPATION APPLICATION FORM

COVER PAGE

Name of University\_\_\_\_\_

Name of Department(s) and/or Programs\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Name of Coordinator Designee\_\_\_\_\_Title\_\_\_\_\_

Phone Numbers: Office\_\_\_\_\_Department\_\_\_\_\_Fax\_\_\_\_\_

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

Cover Page requires a signature by an official with authority to make university commitments.

Signature\_\_\_\_\_Date\_\_\_\_\_

Full Name (printed or typed)\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

(Six (6) Copies of this Application are Required, Reproductions are Acceptable.)

Completed Forms are to be sent to:  
MEDICAL UNIVERSITY OF SOUTH CAROLINA  
SPECIAL PROGRAMS OFFICE  
NE/HP UNIVERSITY APPLICATION  
165 CANNON STREET, #402D  
PO BOX 250851  
CHARLESTON, SC 29425

Name of University \_\_\_\_\_

### BURSAR'S OFFICE INFORMATION

(Tuition payments for this program are made by MUSC after receiving appropriate invoices from the participating university. The information requested on this page is related to having the correct name and address of the university office responsible for issuing invoices for the tuition payments of students supported by the fellowship program.)

Office Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

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

Name of University \_\_\_\_\_

### CAPABILITIES AND COMMITMENTS

(Please provide a brief history of the academic program, discuss the current program and describe the future plans for the program. In the last discussion on the future plans, provide evidence as to the university's commitment to the growth and maintenance of the academic program. Limit this discussion to two pages.)

Name of University \_\_\_\_\_

CAPABILITIES AND COMMITMENTS (CONTINUED)

Name of University \_\_\_\_\_

TABLE A

COURSE OFFERINGS

List and provide an explanation for the courses, which are most relevant to the graduate program. Use additional pages, if necessary.

<u>Course Title</u>	<u>Course No.</u>	<u>Description</u>	<u>Times Offered/Yr.</u>	<u>Instructor</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Name of University \_\_\_\_\_

TABLE B

STUDENT ENROLLMENTS AND GRADUATES FOR THE PAST FIVE YEARS

List the number of students enrolled and the number of graduates by degree level for the past five years. Year 1 is the current year. List only those students in the program for which you are applying.

	Year 1 (Current Year)	Year 2	Year 3	Year 4	Year 5
Bachelors					
Enrollees					
Graduates					
Masters					
Enrollees					
Graduates					
Doctoral					
Enrollees					
Graduates					

Name of University \_\_\_\_\_

TABLE C

TITLES OF STUDENT RESEARCH PROJECTS,  
MASTER'S THESES, AND DOCTORAL DISSERTATIONS

List the titles of projects, theses and dissertations, which are most relevant to the mission of the DOE's Office of Nuclear Energy, Science and Technology. Refer to the program description for a list of technical areas. For a detailed description of the mission areas you may also refer to DOE's website. At the end of the title be sure to provide the year the paper was written, and if it was published in a refereed journal.

	<u>Title</u>	<u>Journal Reference</u>	<u>Year</u>
1.			
2.			
3.			
4.			
5.			
6.			

Name of University \_\_\_\_\_

TABLE D

POSTGRADUATE EMPLOYMENT OF PROGRAM'S GRADUATES

Provide the name, graduation date, name of employer, and general title of position for graduates from the past five years. List can be limited to fifteen (15).

	<u>Name</u>	<u>Grad. Date</u>	<u>Employer</u>	<u>Job Title</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Name of University \_\_\_\_\_

TABLE E

FACULTY LISTING

List the names, title (Associate, Assistant, Professor), and percentage of time devoted to the program for each faculty member. Please provide a brief curriculum/vitae, limited to three pages for each faculty member listed.

	<u>Name</u>	<u>Title</u>	<u>Percentage of Time in Program</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Name of University \_\_\_\_\_

TABLE F  
RESEARCH PROJECTS

List research projects, which have been performed in the last year five years. These projects must be relevant to the mission goals of the Office of Nuclear Energy Science and Technology and related to the academic program area.

<u>Title of Project</u>	<u>Funding Agency</u>	<u>Dates of Support</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Name of University \_\_\_\_\_

TABLE G

FACILITIES

List the facilities and provide a brief description as to how they are used in the academic program

<u>Name</u>	<u>Brief Description</u>
1.	
2.	
3.	
4.	

Name of University \_\_\_\_\_

TABLE H

EQUIPMENT

List the principal equipment used in the program and briefly describe how it is utilized.

<u>Name</u>	<u>Brief Description</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	