



## POST-DOCTORAL STUDENT APPLICATION Professional Research Experience Program

**STUDENT INFORMATION:** Please type or print in *BLACK* ink only.

NAME (Last, First, M.I.) SOCIAL SECURITY NUMBER DATE OF BIRTH

PRESENT ADDRESS ZIP CODE PHONE

PREVIOUS ADDRESS ZIP CODE PHONE

MAJOR CUM GPA

### STUDENT BACKGROUND:

Are you a U.S. Citizen?

Yes  No

Male

Female

Ethnicity:

(Optional)

Have you ever been granted a U.S. Government Security Clearance?

Yes  No

Granting Agency:

Date:

### PROFESSIONAL OR TECHNICAL REFERENCES:

List three (3) persons in your field who can verify your qualifications:

NAME	ADDRESS	DAYTIME PHONE	OCCUPATION
		( )	
		( )	
		( )	

List foreign languages you speak or read \_\_\_\_\_

Do you speak these languages fluently and/or read them proficiently?  Yes  No

### EMPLOYMENT HISTORY:

Start with the present or last position first, include summer or part-time work.

Employed	Organization or Firm	Supervisor's Name
Start Date Mo. Yr.	Address	Supervisor's Title
End Date Mo. Yr.	Your Title	Reason for Leaving

Description of Duties (Please be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employed	Organization or Firm	Supervisor's Name
Start Date Mo. Yr.	Address	Supervisor's Title
End Date Mo. Yr.	Your Title	Reason for Leaving

Description of Duties (Please be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employed	Organization or Firm	Supervisor's Name
Start Date Mo. Yr.	Address	Supervisor's Title
End Date Mo. Yr.	Your Title	Reason for Leaving

Description of Duties (Please be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEGREES:		
	INSTITUTION	DATES

**SPECIAL HONORS OR AWARDS:**

Sample

**THESIS TITLE OR SUBJECT:**

- How did you hear about the PREP Fellowship Program?
- |  |   |
|--|---|
| <input type="checkbox"/> Saw an announcement at school | <input type="checkbox"/> Informed in the Grants Office    |
| <input type="checkbox"/> Informed by a faculty member  | <input type="checkbox"/> Received information in the mail |
| <input type="checkbox"/> Heard about it from a friend  | <input type="checkbox"/> Informed by an employer          |
| <input type="checkbox"/> Other (specify):              |   |

I UNDERSTAND THE TERMS AND CONDITIONS OF THE NIST PREP FELLOWSHIP PROGRAM.

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

Please attach a copy of your grade transcripts and provide three letters of recommendation.