

Summer Faculty Research Program APPLICATION

The Applied Research Laboratory at Penn State

Name (last) (first) (MI)

Address (street, apt., city) State ZIP

TELEPHONE INTERVIEW: Home Work Pick one and indicate telephone number and best time.

Present position

Institution name Department

Date of birth Place of birth

Citizenship INS number if naturalized

Highest academic degree and field School and year

If you do not hold a doctorate, are you working toward it? Date expected

Institution or department

Field of present research activity or special knowledge

Have you participated in this program previously? Yes No When?

Project leader

Will you be conducting any other work for compensation during your appointment? Yes No If yes, use a separate piece of paper and mail it along.

To determine which members of a diverse segment of the population are reached by this announcement, please fill in the appropriate blocks:

Male Female Disabled Yes No Underrepresented minority Yes No

African American Hispanic Native American Asian Pacific Islander

RECOMMENDATION: Please provide the following information on your present department head or dean.

Name Title

Address Phone

PRINT OUT AND SEND COMPLETED APPLICATION
(AND RESUME or VITA) IN DUPLICATE TO:

Patricia Hayes
Applied Research Laboratory
P.O. Box 30
State College, PA 16804-0030

DIRECT INQUIRIES TO:
Patricia Hayes
(814) 863-9940
E-mail: pgh1@psu.edu

OFFERS OF APPOINTMENT WILL BE MADE BEGINNING IN MARCH AND UNTIL ALL POSITIONS ARE FILLED