

**NATIONAL RADIO ASTRONOMY OBSERVATORY**



Summer Student Program Director  
 520 Edgemont Road  
 Charlottesville, VA 22903-2475  
 Telephone: (434) 296-0225

**APPLICATION FOR SUMMER STUDENT PROGRAM**

THE DEADLINE FOR RECEIPT OF THIS APPLICATION AND SUPPORTING MATERIAL IS JANUARY 25

**Do Not Fax Application Form, Letter of Interest, or Transcripts**

1. NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
LAST FIRST MIDDLE

2. MAILING ADDRESS ON MARCH 15: \_\_\_\_\_  
STREET ADDRESS (PLEASE INDICATE IF THIS ADDRESS IS A UNIVERSITY ADDRESS G)  
 \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY STATE ZIP CODE

3. HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS  
 \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY STATE ZIP CODE

4. E-MAIL ADDRESS: \_\_\_\_\_ WEB PAGE URL: \_\_\_\_\_

5. IF YOU ARE NOT A U.S. CITIZEN, PLEASE INDICATE VISA STATUS: Immigrant G ; F-1 Student G ; Other \_\_\_\_\_

6. TRANSCRIPTS: *The applicant should arrange for official transcripts to be sent from the institutions listed below. A list of courses now in progress should also be sent.*

COLLEGE OR UNIVERSITY	MAJOR SUBJECT	DATES ATTENDED		DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO		

Please circle present academic level: 1 2 3 4 5 Year - Undergraduate

1 2 Year - Graduate

7. RECOMMENDATIONS: *Please list three or four people who can evaluate your ability, experience, and potential. The applicant should arrange for the letters of recommendation to be sent directly to the NRAO address above.*

NAME	COLLEGE OR UNIVERSITY	DEPARTMENT	EMAIL ADDRESS	AREA CODE -- TELEPHONE NUMBER

8. DATES YOU WOULD BE AVAILABLE FOR THE PROGRAM: FROM \_\_\_\_\_ TO \_\_\_\_\_

9. PLEASE INDICATE IF YOU WOULD BE ACCOMPANIED TO NRAO BY SPOUSE OR DEPENDENTS: \_\_\_\_\_

10. PLEASE INDICATE YOUR PREFERENCE FOR TYPE OF WORK, MARKING 1, 2, AND 3:

ASTRONOMY                       COMPUTING                       ELECTRONICS

11. ALTHOUGH COMPUTER EXPERIENCE IS NOT NECESSARY FOR SOME ASSIGNMENTS, PLEASE INDICATE YOUR PROGRAMMING ABILITY BELOW:

MACHINE	LANGUAGE	MONTHS EXPERIENCE	SHORT DESCRIPTION OF PROJECT

12. PLEASE LIST ANY SCIENTIFIC OR RELATED EMPLOYMENT, INCLUDING ASSISTANTSHIPS, WHICH YOU HAVE HAD SINCE GRADUATION FROM HIGH SCHOOL:

FROM	DATES TO	EMPLOYER'S NAME AND ADDRESS	JOB TITLE	SHORT DESCRIPTION OF MAJOR DUTIES

13. PUBLICATIONS AND HONORS: \_\_\_\_\_  
\_\_\_\_\_

14. LETTER: An **important** part of this application is a letter in which you should describe your educational background and goals, and your scientific interest and experience. The letter should contain whatever further information that you consider relevant to the evaluation of your potential for success as a research assistant in the NRAO Summer Student Program. Please submit the letter together with this application form.

NOTE: Summer students at NRAO must sign a patent agreement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE