INTERNSHIP/RESEARCH PARTICIPATION PROGRAM
U.S. ENVIRONMENTAL PROTECTION AGENCY

RECOMMENDATION/SELECTION RENEWAL

If selected, please be sure to complete all items.
If not selected, please complete items 1, 2, and 10.

1. APPLICANT'S NAME: _____

2. SELECTED NOT SELECTED PROJECT NUMBER: _____

3. APPLICANT'S ACADEMIC STATUS:

   STUDENT: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

   POSTGRADUATE – HIGHEST DEGREE: BACHELOR'S MASTER'S DOCTOR'S FACULTY

4. APPOINTMENT TOPIC:

5. DISCIPLINE OF APPOINTMENT TOPIC:

   ENGINEERING COMPUTER SCIENCE/MATHEMATICS PHYSICS

   BIOLOGICAL SCIENCES ENVIRONMENTAL SCIENCES CHEMISTRY

   OTHER/PLEASE SPECIFY:

6. MONTHLY STIPEND: $ _____ (% of full-time participation) _____

7. PROPOSED APPONTMENT PERIOD: FROM: _____ TO: _____

8. RESEARCH LOCATION: _____

9. RESEARCH MENTOR: _____

   ADDRESS: _____

   PHONE: _____ FAX: _____ E-MAIL: _____

By making a selection and signing below, the EPA program coordinator asserts that this individual will be given a specific assignment or assignments under a mentor appointed by EPA. The individual is not considered to be performing a job, rendering advisory or personal services, providing expert advice or serving as staff augmentation in any way. The selection of the individual, determination of stipend amount and appointment period, and the appointment itself will strictly adhere to the approved Statement of Work for the Internship/Research Participation Program at the EPA and the mentor responsibilities as described on the program website www.orise.orau.gov/epa.

10. PROJECT OFFICER/
    PROGRAM COORDINATOR: _____ _____
    DATE

Return by fax to (865) 241-5219