

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

FALL 2010 SEMESTER

ORSS Application Deadline & Instructions

All application materials for the Oak Ridge Science Semester (ORSS) must be received by Denison University by **March 1**. It is extremely important to submit all application materials by this deadline. Typically, you will be notified about acceptance into the program within 3-6 weeks after the application deadline.

For more information or questions about the Oak Ridge Science Semester program, please contact Dan Gibson, Program Director (gibson@denison.edu) or Christie Kasson, Program Assistant (kasson@denison.edu) or by phone at 740.587.6304.

1. **IMPORTANT:** Please contact your college's Off-Campus Studies Office immediately to discuss your off-campus study plans and to receive information regarding the specific application procedures and deadlines for your campus. **Your college's application process may involve additional application materials, and campus deadlines may be considerably earlier than the ORSS deadline.** This process should be completed as early as possible, so that your application will meet any campus deadlines as well as the ORSS deadline. If your campus does not have an Off-Campus Studies Office, speak with the appropriate faculty advisor for the program on your campus.
2. Request an official copy of your academic transcript from the Registrar's Office, to be submitted with your application.
3. Obtain three letters of recommendation (recommendation forms are included with this application). Two should be from faculty members at your college (including at least one faculty recommendation from a professor in an area pertinent to the program's academic content). The third can also be from a faculty member, or may be written by an academic administrator, employer, manager, internship supervisor, etc.
4. Complete the attached application and obtain the required campus approval signatures on the "Approval & Required Signatures" form.
5. Submit your original application, including supporting documentation, and keep a copy of all your application materials. **Each campus has different procedures, so please check to determine whether you should send the application materials yourself or if your Off-Campus Studies Office or faculty program advisor will send your application materials for you.** All application materials should be sent to:

**Christie Kasson, Program Assistant
Oak Ridge Science Semester Program
Denison University
Granville, OH 43023**

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

Program Information

Please indicate the semester and year for which you are applying: **Fall** _____
YEAR

How did you hear about Oak Ridge Science Semester (ORSS) program? (*please check all that apply*)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Student who participated | <input type="checkbox"/> Classroom presentation | <input type="checkbox"/> ORSS representative | <input type="checkbox"/> Internet search (i.e. Google) |
| <input type="checkbox"/> Faculty/staff member | <input type="checkbox"/> Campus fair | <input type="checkbox"/> Off-campus study office | <input type="checkbox"/> ACM/GLCA website |
| <input type="checkbox"/> Parent/family | <input type="checkbox"/> Informational meeting | <input type="checkbox"/> Brochure | <input type="checkbox"/> Campus website |
| <input type="checkbox"/> Campus program advisor | <input type="checkbox"/> Table on-campus | <input type="checkbox"/> Poster | <input type="checkbox"/> Other: _____ |

Personal & Academic Information

Full Name

Birthdate: ____/____/____ Gender: Female Male
Month Day Year

Preferred Name (if applicable)

Country of Citizenship

E-Mail Address

College

Phone (Cell)

College Major(s)

Phone (Home/Permanent)

College Minor(s)

Anticipated academic standing when program begins:

- Freshman Sophomore Junior Senior

Street Address (College)

Graduation Date: ____ Year GPA: ____
Month Year (on a 4.0 scale)

City, State, Zip (College)

Name(s) of Parents/Guardians*

Street Address (Home/Permanent)

E-Mail Address of Parents/Guardians*

City, State, Zip (Home/Permanent)

If you will be somewhere other than your college or home address during the application process (including the summer), please include this below:

Address

Dates Valid (From-To)

**ACM may notify your parents/guardians about your acceptance and send them important information, such as a copy of the student handbook.*

References (*Please use the Academic Program Recommendation forms included in this application packet.*)

1. Name _____ Title/Department _____

2. Name _____ Title/Department _____

3. Name _____ Title/Department _____

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

Essay

Please answer the following essay on a separate sheet of paper. The essay should be approximately 300-500 words, typed and proofread, and should reflect the depth of your interest in this program.

Explain in some detail why you want to participate in this specific program, with particular reference to academic and personal goals and expectations. How would study on the program contribute to your educational goals in ways not possible through on-campus study? What strengths, talents, interests, and background do you have that would make you a good candidate for the program? Please mention any special interests (whether or not directly related to the program's content) that you plan to pursue during your participation in the program.

Short-Answer Questions

Please type your responses to the following questions on additional pages. Be sure to number your responses and attach the additional sheets to the application form.

1. List all courses not on your transcript that you will have completed before the beginning of the program.
2. What coursework, reading, or study have you completed in areas related to the program for which you are applying?
3. Have you actively participated in an independent study program, field study, research project, or internship? If so, describe the work and its end product in detail, including information such as field, sources, format, method of evaluations, etc.
4. List any extracurricular activities, leadership positions, honors, awards, or special recognition you have received.
5. Describe your experience with computers, computer languages, and research instruments, as well as any other technical background which might be relevant to research at Oak Ridge. Be sure to list the type of computers or instruments, the amount of experience, and your proficiency with each.
6. Your program advisor will have a copy of the ORNL Research Areas list. Consult the Research Areas list (www.ornl.gov/ornlhome/science_technology.htm) and use these designations as you indicate the areas in which you would like to be placed.

1st choice: _____

2nd choice: _____

3rd choice: _____

4th choice: _____

Include a brief research statement regarding research topics you would be interested in pursuing at Oak Ridge. To be as specific as possible, consult your program advisor or the Oak Ridge Science Semester office at Denison University for materials describing research activities at the Laboratory. You can also go to www.ornl.gov, click on "Contact Us," then on "Divisions" for ORNL Research Divisions. By clicking on the link to each division, you can access information about specific research programs and the people who conduct them. Your essay (described above) and your research statement will first be reviewed by the Selection Committee and then, if you are selected, by the appropriate research groups at ORNL in order to determine placement.

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

APPROVAL & REQUIRED SIGNATURES

STUDENT SIGNATURE *(After signing, please give to the appropriate off-campus study officials at your college for approval signatures.)*

This signature indicates that the applicant hereby applies to participate in the designated off-campus study program. The applicant also authorizes the sharing of educational records and materials necessary to complete this application between program officials and their home institution.

Applicant name (please print)

College

Applicant signature

Date

FACULTY/STAFF SIGNATURES *(Please sign and return to the appropriate off-campus study officials.)*

ACADEMIC/PROGRAM APPROVAL

This signature affirms that the student has consulted with the appropriate academic and/or faculty advisors to ensure that the program for which they are applying is consistent with their academic program. This signature will typically be from an **Academic Advisor** or the campus **Faculty Program Advisor** for the particular off-campus study program.

Faculty/Staff Name (please print)

Title/Department

Signature

Date

This has already been completed as part of the campus application, so the Off-Campus Study approval below replaces the need for this signature.

DISCIPLINARY APPROVAL

Your signature will indicate that, to the best of your knowledge, the applicant has demonstrated sufficient emotional stability and maturity to participate in an off-campus program requiring adjustment to a different environment and intensive interactions in a small group of students. This signature will typically be from the **Dean of Students** or an equivalent campus officer.

To the best of your knowledge, has this student ever been subject to disciplinary action? No Yes *(please explain)*

Faculty/Staff Name (please print)

Title/Department

Signature

Date

This has already been completed as part of the campus application, so the Off-Campus Study approval below replaces the need for this signature.

OFF-CAMPUS STUDY APPROVAL

This signature affirms that the appropriate academic officials have approved the student's candidacy for the program. This signature will typically be from the **Off-Campus Study Officer** who gives final approval for students to study off-campus. In cases where a college does not have a specific Off-Campus Studies office, this may also be a signature from an **Academic Dean** or whoever gives final off-campus study approval.

Is this student currently a full-time undergraduate in good academic and judicial standing? Yes No *(please explain)*

Has this student been approved for off-campus study? Yes Yes, with reservations *(please explain)* No *(please explain)*

Faculty/Staff Name (please print)

Title/Department

Signature

Date

Please return this form to the applicant, Off-Campus Studies Office, or the Campus Program Advisor.

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

ACADEMIC PROGRAM RECOMMENDATION

Applicant Name

FOR THE STUDENT:

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation, and I understand that this recommendation will be used only for the purpose for which it was prepared.

Yes No

Applicant Signature

Date

FOR THE RECOMMENDER:

Your candid assessment of the strengths of this student's application to the Oak Ridge Science Semester will weigh heavily in the Selection Committee's final decision. **Please consider your answers carefully.** If possible, read the student's completed application and/or review the objectives of the program outlined in the current program brochure and online at www.orss.denison.edu. Thank you in advance from the members of the Selection Committee.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER, EITHER AS NUMBERED RESPONSES OR AS A LETTER WHICH INCLUDES ANSWERS TO ALL OF THE QUESTIONS.

1. How long have you known this student? In what capacity?
2. How would study on this program and in this location complement the student's on-campus studies?
3. In what ways is the applicant adequately prepared for this program through formal academic work?
4. What is your overall estimate of the applicant's intellectual ability, academic motivation, and consistency of effort?
5. Please describe any particular strengths of the applicant which will likely be assets to the program.
6. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences, function as an active member of a group without generating friction, keep up with a rigorous schedule, take some initiative in using free time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regard to this program?
7. Please add any comments you believe will be helpful to the Selection Committee.

Recommender's Name (please type or print) _____

Signature

Title/Department

College

Date

Please return this form to the applicant, Off-Campus Studies Office, or the Campus Program Advisor.

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

ACADEMIC PROGRAM RECOMMENDATION

Applicant Name

FOR THE STUDENT:

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation, and I understand that this recommendation will be used only for the purpose for which it was prepared.

Yes No

Applicant Signature

Date

FOR THE RECOMMENDER:

Your candid assessment of the strengths of this student's application to the Oak Ridge Science Semester will weigh heavily in the Selection Committee's final decision. **Please consider your answers carefully.** If possible, read the student's completed application and/or review the objectives of the program outlined in the current program brochure and online at www.orss.denison.edu. Thank you in advance from the members of the Selection Committee.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER, EITHER AS NUMBERED RESPONSES OR AS A LETTER WHICH INCLUDES ANSWERS TO ALL OF THE QUESTIONS.

1. How long have you known this student? In what capacity?
2. How would study on this program and in this location complement the student's on-campus studies?
3. In what ways is the applicant adequately prepared for this program through formal academic work?
4. What is your overall estimate of the applicant's intellectual ability, academic motivation, and consistency of effort?
5. Please describe any particular strengths of the applicant which will likely be assets to the program.
6. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences, function as an active member of a group without generating friction, keep up with a rigorous schedule, take some initiative in using free time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regard to this program?
7. Please add any comments you believe will be helpful to the Selection Committee.

Recommender's Name (please type or print) _____

Signature

Title/Department

College

Date

Please return this form to the applicant, Off-Campus Studies Office, or the Campus Program Advisor.

OAK RIDGE SCIENCE SEMESTER (ORSS) APPLICATION

ACADEMIC PROGRAM RECOMMENDATION

Applicant Name

FOR THE STUDENT:

Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation, and I understand that this recommendation will be used only for the purpose for which it was prepared.

Yes No

Applicant Signature

Date

FOR THE RECOMMENDER:

Your candid assessment of the strengths of this student's application to the Oak Ridge Science Semester will weigh heavily in the Selection Committee's final decision. **Please consider your answers carefully.** If possible, read the student's completed application and/or review the objectives of the program outlined in the current program brochure and online at www.orss.denison.edu. Thank you in advance from the members of the Selection Committee.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER, EITHER AS NUMBERED RESPONSES OR AS A LETTER WHICH INCLUDES ANSWERS TO ALL OF THE QUESTIONS.

1. How long have you known this student? In what capacity?
2. How would study on this program and in this location complement the student's on-campus studies?
3. In what ways is the applicant adequately prepared for this program through formal academic work?
4. What is your overall estimate of the applicant's intellectual ability, academic motivation, and consistency of effort?
5. Please describe any particular strengths of the applicant which will likely be assets to the program.
6. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences, function as an active member of a group without generating friction, keep up with a rigorous schedule, take some initiative in using free time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regard to this program?
7. Please add any comments you believe will be helpful to the Selection Committee.

Recommender's Name (please type or print) _____

Signature

Title/Department

College

Date

Please return this form to the applicant, Off-Campus Studies Office, or the Campus Program Advisor.