

APPLICATION FOR
University of Missouri-Columbia
NUCLEAR SCIENCE & ENGINEERING
FOR SECONDARY SCIENCE TEACHERS
A One-Week Summer 2009 Semester Course

Qualified Participants Will Be Accepted into the Class
on a "First-Come, First-Served" Basis

1. Name: _____
2. Home Address: _____

3. Home Telephone Number: _____
4. Social Security Number: _____
5. Date of Birth: _____
6. Permanent Email Address: _____
7. School Name: _____
8. School Address: _____

9. School Phone Number: _____
10. Subject(s) You Teach: _____
11. Number of Years Teaching Experience: _____
12. Do you wish to receive graduate credit for participation
in this Workshop? Yes No
If yes, have you ever been enrolled at MU? Yes No
If yes, please list your MU student number: _____
13. Do you wish for accommodations to be arranged for you in a double room
at a University dormitory facility? Yes No
**if no, you will assume responsibility for arranging and financing your own housing during the course.
14. What is your interest in attending this class?

Signature:

Date:

Please return this application to:
Dr. William H. Miller, Course Director
MU Research Reactor; 1513 Research Park Drive
University of Missouri-Columbia; Columbia, Missouri 65211
(573)882-9692 or 882-8366, or MillerW@missouri.edu