

# NESLS -- Nuclear Engineering Science Laboratory Synthesis Evaluation Form

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**Students must complete the top portion of the form. Forward the form to three professors for evaluation.**

**Student Applicant Name:**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Academic Institution:** \_\_\_\_\_

**I authorize investigation of all matters contained in my application. I also authorize any of my references to furnish information required by Oak Ridge National Laboratory. I hereby release all such persons and organizations from any claim for damages by reason of furnishing such information or records.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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**How long and in what association have you known the applicant?**

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**Please provide any comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential.**

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**In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:**

<b>Personal Characteristics</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Superior</b>	<b>Inadequate Observation</b>
Motivation Toward a Productive Career	<input type="radio"/>					
Growth During Total Period Observed	<input type="radio"/>					
Imagination and Originality of Thought	<input type="radio"/>					
Emotional Maturity and Stability	<input type="radio"/>					
Ability to Work with Others	<input type="radio"/>					
Independence and Self-Reliance	<input type="radio"/>					
Leadership Potential	<input type="radio"/>					

**In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:**

<b>Capabilities</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Superior</b>	<b>Inadequate Observation</b>
Mastery of Fundamentals	<input type="radio"/>					
Skill/Originality of Special Projects	<input type="radio"/>					
Laboratory Skills and Technique	<input type="radio"/>					
Ability to Communicate (Written/Oral)	<input type="radio"/>					

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Evaluator Signature**

\_\_\_\_\_  
**Date**

**Fax the completed form to ORNL, (865)241-4046, attn: Nancy Hatmaker/Alice Rice  
AND to ORISE, (865)574-4528 attn: Cheryl Brummett-Brown**