



Synchrotron Radiation Center Research Experience for Teachers Application (RET)

General Information

First Name (Given): _____

Last Name (Family): _____

Day Time Phone: _____

E-mail Address: _____

Current Address 1: _____

Current Address 2: _____

Current Address 3: _____

City: _____

State: _____

Zip: _____

Country: _____

Main Contact: _____

Statistical Information

*The information in this gray box is strictly confidential and used for NSF statistical purposes only. If you do not wish to provide this information, please check the box below.

Check this box if you do not wish to provide this information

Gender

Male Female

Ethnic Group/Racial Background

- White (not of Hispanic origin)
- Native American or Alaskan Native
- African American/Black (not of Hispanic origin)
- Pacific Islander Asian
- Hispanic Other

School where you teach: _____

Number of years teaching: _____

Grade Level(s) you teach: _____

Subjects/Courses (if you need more space, please attach document):

In the space below (or in an attached document), please tell us why you would like to participate in the RET program and how it will impact your teaching:

Please **Mail, Fax** or **Email** application along with a CV or resume **NO LATER THAN February 15, 2011:**

RET Program
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Stoughton, WI 53589-3097
Phone: (608) 877-2000 Fax (608) 877-2001
Chris Moore at cmoore@src.wisc.edu

