



4. Did you earn a degree during the past year? \_\_\_\_Yes \_\_\_\_No. If yes, what degree?

(Circle One) AS BS MS Ph.D. Other: \_\_\_\_\_

What discipline\_\_\_\_\_?

5. Please rate the quality of administrative support you received from ORISE.

(Circle ONE)  
Low 1 2 3 4 5 6 7 8 9 10 High

Comments:

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6. If you are requesting a renewal of your appointment, please indicate the following:

- a. For what length of time are you requesting renewal (maximum 12 months)? \_\_\_\_
- b. What research do you propose doing during your renewal period?

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7. Please comment on the overall research experience you received as it relates to your objective.

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8. Has this appointment contributed to your objective? Please Rate.

Low 1 2 3 4 5 6 7 8 9 10 High

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9. If you are terminating your ORISE appointment indicate reason:

\_\_\_ **Return to school.**

What school? \_\_\_\_\_

Pursuing what degree? \_\_\_\_\_

In what discipline? \_\_\_\_\_

\_\_\_ **Employment**

Name of employer? \_\_\_\_\_

Job Title? \_\_\_\_\_

\_\_\_ **Other reason.** Please specify: \_\_\_\_\_

10. If you are terminating, please indicate forwarding address(es):

**Address to which you want final stipend check sent:**

**Permanent address:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SUBMIT FORM BY FAX TO: ORISE Office ♦ fax(410) 436-5811 ♦ phone (410)436-5461  
NLT thirty (30) days prior to the renewal period.  
If terminating, please forward final summary at least two weeks prior to the termination  
date.**