

Public Policy and Nuclear Threats
2009 Training Program Application and Instructions

Professional/Faculty Applicants Only

Application deadline: May 1, 2009

APPLICATION MATERIALS CHECKLIST

Required

- 1. Completed application form.
- 2. CV or résumé detailing your current and past academic and non-academic accomplishments (including research projects and teaching).
- 3. Personal statement detailing your preparations for and interest in this program (350 words maximum, typed and double-spaced).

Course fee is \$5,000 and includes 10 day tuition, lodging, and on-campus meals. Participants may choose to stay off campus for a reduced rate of \$4,500. Please see application for pricing structure.

For Junior Faculty

Junior faculty accepted to the program can be considered for a full or partial grant.

- I would like to be considered for a full PPNT grant.
- I have full funding from: _____.
- I have partial funding from _____.

We prefer that you submit your application via email to igcc-recruiting@ucsd.edu.

You may also fax to **(858) 534-7655**, or mail to:

IGCC Public Policy and Nuclear Threats Program
UC San Diego
9500 Gilman Drive #0518
La Jolla, CA 92093-0518

More information at <http://igcc.ucsd.edu/PPNT.php>

APPLICATION FOR 2009 PPNT SUMMER TRAINING PROGRAM

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|---------------------|------------|-------------|-------------|------------|--------------|
| (Circle one) | Mr. | Mrs. | Miss | Ms. | Prof. |
| First name: | | | | | |
| Middle name: | | | | | |
| Last name: | | | | | |

| | | | |
|-----------------------|--|---------------------|--|
| Home address: | | | |
| City: | | State: | |
| Country: | | Postal code: | |
| Phone: | | Fax: | |
| Email address: | | | |

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|-----------------------|--|---------------------|--|
| Work address: | | | |
| City: | | State: | |
| Country: | | Postal code: | |
| Phone: | | Fax: | |
| Email address: | | | |

I prefer that you contact me at My home address My work address

Sponsor Information

| | |
|--|--|
| Name of organization: | |
| Address of organization: | |
| Job title: | |
| Area of responsibility: | |
| Years of experience: | |
| Supervisor name: | |
| Supervisor phone number or email address: | |

Personal Statement

Please write a brief statement about yourself and what you hope to gain by attending this summer's Nuclear Threats and Public Policy Training Program. Include your future research agenda as it relates to public policy and nuclear issues. This statement may be no more than 350 words, typed and double-spaced. If you prefer, you may include this statement on a separate piece of paper.

Fees

On campus lodging
10 days \$5,000

Off campus lodging
10 days: \$4,500

Tuition includes standard shared, apartment-style campus lodging and on-campus meals. **NOTE:** There are a limited number of on-campus spaces available.

You may choose to stay off campus. We would be happy to provide you with information on local corporate and private housing arrangements.

Additional Training Options

This year, all selected PPNT participants have the unique opportunity to stay in San Diego for two synergistic activities in the week following the PPNT course, the ASCO Nuclear Proliferation Pathways Conference, August 3-4, 2009 and the Project on Nuclear Issues Summer Conference, August 6-7, 2009.

There will be no tuition, lodging, or meal costs for PPNT summer program participants who wish to attend these additional workshops. Please indicate if you plan to attend.

- If selected for the course, I will also attend ASCO Nuclear Proliferation Pathways, August 3-4, 2009 (no additional fees)
- If selected for the course, I will attend the PONI Summer Conference, August 6-7, 2009 (no additional fees)
- If selected, I do not plan on attending the additional opportunities

Payment

Payment must be made in full by July 1, 2009. You must pay by certified check, institutional check, or credit card. No other payment methods will be accepted. IGCC cannot accept purchase orders. **Your space in the program is not guaranteed until we receive payment.**

Please indicate how you intend to make your payments. We will contact you regarding payment once you have been accepted into the program. Do not send anything at this time.

- Certified Check
- Credit Card
- Institutional Check

Cancellation Policy

Cancellation must be received in writing.

We will provide a full refund, less a processing fee of \$250, if you cancel by July 1, 2009.

We will provide a 50 percent refund if you cancel between July 2 and July 15, 2009.

No refunds after July 15, 2009.

How did you hear about the program?

Please check all that apply.

- IGCC web site
- IGCC newsletter
- Personal invitation
- UC faculty member
- Organization (please specify): _____
- Advertisement in _____
- Other (please specify): _____

Print Name

Signature

Date

Please keep a copy of your application for your records. Applicants will be notified by the end of May 2009.