



**OU-Research Experience for Teachers
(OU-RET)
At the University of Oklahoma
APPLICATION FOR Spring 2008
(June 9th-July 15th)**

Please print clearly or type

Legal Name _____
Last First Middle

Social Security Number _____

Maiden Name or other name under which transcripts may have been issued: _____

Current Address: _____ Current Phone: (____) _____

Street City State Zip

Current Email: _____

Permanent Address (if different from above address): Permanent Phone: (____) _____

Street City State Zip

Place and Date of Birth: _____, _____ / _____ / _____
City State Month Day Year

Ethnicity: _____ Gender: _____

Undergraduate Schools Attended (Please use the back of this application for additional schools attended.)

College or University	Location	Dates Attended	Degree & Major
-----------------------	----------	----------------	----------------

Graduate Schools Attended (Please use the back of this application or another sheet for additional schools attended.)

College or University	Location	Dates Attended	Degree & Major
-----------------------	----------	----------------	----------------

1. Submit two (2) letters of support from your principal, superintendent, teaching colleagues, or faculty members in your discipline that address a) how the individuals are acquainted with you and your work and b) the quality of your work and potential for success through the OU-RET program.
2. Submit a resume or curriculum vitae.

3. Submit a typed Statement limited to 500 words that describes why you are interested in this program and how you expect it to enhance your teaching of science and mathematics.
4. Please submit a typed 150-200 word Autobiographical Statement. Prepare a paragraph in third person highlighting your academic achievements and professional interests, including honors, awards, publications, presentations, and co-curricular involvement, and the activities in your past that demonstrate your interest in teaching.
5. Describe any post-graduate training that you have:
6. Explain your immediate and long term goals as an educator:
7. How many years have you been teaching? (Please define your experience in terms of public and private instruction.)
8. For promotional literature, please sign the attached Talent Release Form
9. Due to NSF policies and conditions of this research grant, you will be required to sign the attached Informed Consent Form prior to your appointment as an OU-RET participant.

I certify that all the statements I have made on this application are correct and complete, and I hereby authorize the selection panel of the OU-Research Experience for Teachers (OU-RET) project to make all necessary eligibility checks with the information provided.

Signature of Applicant: _____ Date: _____

| Application deadline: (Applications will be considered until all positions are filled)

Mail to

Hazem Refai, Ph.D.

4502 E. 41st Street, Room 4W139

Tulsa, Oklahoma 74135-2512

Phone: (918)660-3243, Fax: (918)660-3238

E-MAIL: hazem@ou.edu



TALENT RELEASE

PERFORMER (Student's Name): _____

ADDRESS (Campus or Permanent): _____

CLIENT (Department): _____

JOB NAME: *Photography for departmental publications including but not limited to the department's website, promotional brochures, newsletters, postcards, etc.*

For the consideration received, including but not limited to publicity, the adequacy of which is hereby acknowledged, I hereby grant to the Board of Regents of the University of Oklahoma, their successors and assigns, and those acting under their permission, or upon their authority, or those by whom they are commissioned:

- (1) The unqualified right and permission to reproduce, copyright, publish, circulate and otherwise use photographs and/or motion pictures of me, and voice reproduction, whether taken in a studio or elsewhere, in black-and-white or in colors, alone or in conjunction with other persons or characters, real or imaginary, in any part of the world. I hereby waive the opportunity or right to inspect or approve the finished photographs, films or tapes or the use to which it may be put or the copy or illustrations used in connection therewith. This authorization covers composite, stunt, comic, freak or any unusual photograph and/or motion picture, or voice reproduction, caused by optical illusion, distortion, alteration or made by retouching or by using parts of several photographs or by any other method. All such use shall be for the purpose of promoting, supporting or otherwise furthering the mission of the University.
- (2) All my right, title and interest in and to all negatives, prints, tapes, and reproductions thereof, and I do hereby release the aforesaid parties and their successors and assigns, if any, from any and all rights, claims, demands, actions or suits which I may or can have against them on account of the use of publication of said photographs and/or motion pictures or tapes. I have read and understood the release stated above and do hereby agree to its terms and conditions.

SIGNATURE _____

SS# _____ DATE _____