



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

**5. STATEMENT ON CAREER AND ACADEMIC GOALS AND OBJECTIVES**

(Submit a brief summary of your academic plans.)

**SIGNATURES**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(My signature acknowledges that I am aware that this program is supported by funding from the United States Government, and therefore is subject to Federal law regarding false statements and fraud particularly the criminal provisions of 18 U.S. code Section 1001. I certify, under the penalty of law, that the original submitted student renewal application contains no false, fictitious, or fraudulent representations, statements, or entries.)

**Faculty Advisor's Endorsement**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

(I endorse this request for renewal of the Nuclear Engineering/ Health Physics Scholarship Award for the period stated on Page One of this application. During the past appointment period, the applicant completed the required courses and made significant progress on completing the degree program.)

Return the completed application and official transcripts to:

Medical University of South Carolina  
Special Programs Office, NE/HP Scholarship  
19 Hagood Avenue, HOT 304-H4  
MSC 851  
Charleston, SC 29425-8510

Phone: (843) 792-1469  
Fax: (843) 792-0235  
Email: cardern@musc.edu  
<http://www.musc.edu/specialprograms>