

Application Form

National Science Foundation
Mathematical Sciences Postdoctoral
Research Fellowships

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NAME

Stein William Arthur
Last First MI Other Names Used

SOCIAL SECURITY NO. 569-37-4059

MAILING ADDRESS for correspondence. It is imperative that you keep NSF informed of a current mailing address.

2041 Francisco Street, Apt. 14

Berkeley, CA, 94709

CURRENT ACADEMIC ADDRESS

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CURRENT E-MAIL ADDRESS: was@math.berkeley.edu

TELEPHONE NUMBERS:

At Home: (510)883-9938

At your institution: (510)643-0893

FAX number: _____

CURRENT POSITION

Department Mathematics

Institution University of California at Berkeley

Type of Institution Academic

Title of Position Graduate Student

Date this position started 08/01/1995

Source of support Cal@SiliconValley fellowship

CITIZENSHIP (check one)

US Citizen or National Permanent Resident Foreign National (give country: _____)

If you are a Permanent Resident you must provide your Permanent Resident Registration Number: _____

HIGHEST DEGREE EARNED: B.S. YEAR CONFERRED: 1994

DOCTORAL DEGREE

Department and Institution Mathematics, University of California at Berkeley

Date awarded or anticipated date of receipt 05/20/2000

PROPOSED FELLOWSHIP INSTITUTION including department and address

Harvard University, Mathematics

One Oxford Street

Cambridge, MA, 02138

PROPOSED SPONSORING SCIENTIFIC ADVISOR OR MENTOR including title, e-mail address, telephone and FAX numbers:

Mazur, Barry, C.,

University Professor mazur@abel.math.harvard.edu

(617)495-2171

(Telephone) (FAX)

BRIEF TITLE of your proposed research or field of study:

Explicit approaches to modular abelian varieties

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REFERENCES(do not use your mentor).

	Name	Department	Institution	Phone
Ph.D Advisor	<u>Merel, Loic</u>	<u>Mathematics</u>	<u>Jussieu, Paris</u>	<u>(510)510-5105</u>
2.	<u>Ribet, Kenneth A</u>	<u>Mathematics</u>	<u>UC Berkeley</u>	<u>(510)642-0648</u>
3.	<u>Lenstra, Hendrik W</u>	<u>Mathematics</u>	<u>UC Berkeley</u>	<u>(510)643-7857</u>
4.	<u>Coleman, Robert</u>	<u>Mathematics</u>	<u>UC Berkeley</u>	<u>(510)642-5101</u>

EXPECTED STARTING DATE OF FELLOWSHIP: 06/2000 DURATION OF TENURE: 24
Month, year # of months

OTHER SUPPORT

Have you applied for any other fellowships or similar appointments for all or part of the tenure herein requested? YES

If so, name of agency or program ?????????

Have you ever received any NSF postdoctoral fellowship? NO

If yes, when and from what program? .

If you are applying for a Minority Fellowship, a Fellowship in Biosciences Related to the Environment or a Fellowship in Molecular Evolution, Please provide the following information :

OTHER INSTITUTION AND SPONSOR if short-term international experience is proposed

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I have read the program announcement in detail and have noted its conditions.

Signature of applicant _____

Date _____