

POSTDOCTORAL FELLOWSHIP APPLICATION FORM: PART 1

THIS IS A WORD TABLE; USE TAB TO GO FROM ONE BLANK TO THE NEXT

Name: _____
last or family name first middle name you go by

Current Address: _____

Permanent Address: _____

Phone: home: _____ office: _____ cell: _____

E-mail 1: _____ **E-mail 2:** _____

Month, year you wish to begin: _____

NOTE: This is Part 1 of a 2-part process. Part 1 is used for a preliminary screening of applicants. Part 2 is by invitation and includes an abstract of your proposed research project and an interview.

Applicant's checklist for required application materials, Part 1:

Please submit electronically to NCIFellowships@uth.tmc.edu:

- A signed copy of this application form with checklist completed; label file: Last-First-App-PostDoc.doc (not .docx)
- Goal statement (see p. 3 for content); label file: Last-First-GoalStatement.doc
- Curriculum vitae, with name in top corner of each continuation page; label file: Last-First-CV-YYYY-MM-DD.doc
- Two first-authored academic writing samples, one from the dissertation; label files, e.g., Last-First-Writing1.doc

Please request the following be sent directly to:

Dr. Patricia Dolan Mullen, Co-training Director
 Department of Health Promotion and Behavioral Sciences
 UTHealth School of Public Health
 7000 Fannin, UCT 2522
 Houston, TX 77030

- Official transcripts from all academic institutions, including UTHealth SPH (list them on p. 2)
 If you have attended UTHealth SPH, you can request your SOPHAS application forwarded to NCIFellowships@uth.tmc.edu (will include your previous institutional transcripts and GRE scores—see below). To request please contact: Nathalie.M.Guardado@uth.tmc.edu
- Graduate Record Examination scores
 Note: if these are no longer available, please send a photocopy of your original score report.
 If you were not required to take the GRE, please request that your MCAT or other scores be sent.
- 3 letters of reference, at least 2 academic, including 1 from your dissertation supervisor
 each signed, on letterhead, in a sealed envelope or as a .pdf sent by e-mail (list them on p. 3)

Please read the following statement carefully before signing:

I understand that all application materials submitted to The UTHealth School of Public Health become the property of the institution and will not be returned. I also understand that the SPH is not obligated to furnish me with duplicate copies.

I understand that the information submitted herein will be relied upon by the UTHealth SPH Cancer Control Research & Training Program to determine my eligibility for appointment and training. I authorize the institution to verify the information I have provided. I understand that any evaluations or verifications made with respect to this application are confidential and will not be disclosed to me.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge that the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

Signature: _____ Date: _____

List all colleges and universities attended, beginning with the current/most recent institution.

<u>Full name of institution, location</u>	<u>Dates attended (month/year)</u>	<u>Major field of study</u>	<u>Degree</u>	<u>Date awarded or expected (month/year)</u>	<u>Date transcript requested</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List other training experience, beginning with the current/most recent institution.

<u>Full name of institution, location</u>	<u>Dates attended (month/year)</u>	<u>Type of experience (e.g. residency)</u>	<u>Area of specialty</u>	<u>Supervisor</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>GREs or other tests</u>	<u>Date taken</u>	<u>Verbal</u>	<u>Quant.</u>	<u>Analyt.</u>	<u>Date scores requested</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List letters of reference requested:

Provide name, degree, title, institution, telephone numbers, and e-mail addresses. Each letter should be on letterhead, signed, in a sealed envelope or as a .pdf sent by e-mail.

1. Dissertation supervisor.

If your dissertation is not yet complete, your supervisor should provide a progress report and estimated date for completing all degree requirements.

Name, degree: _____

Title, institution: _____

Telephone: _____

E-mail: _____

2. Other academic reference.

Name, degree: _____

Title, institution: _____

Telephone: _____

E-mail: _____

3. Third reference.

Name, degree: _____

Title, institution: _____

Telephone: _____

E-mail: _____

Goal Statement

In a separate electronic document, please address the following questions:

- What is your specific research interest in cancer prevention and control?
- What are your goals and objectives during the period of this fellowship?
(Include the probable topic of your required grant proposal)
- What are your academic strengths and weaknesses?
- What are your long-term career goals?

Limit this statement to 2500 words.

If any information relevant to this application is under a different name, please list those name(s):

Country of citizenship: _____

If you are not a U.S. citizen, are you classified by ICE as a “Permanent resident” or “resident alien” of the United States?

Yes:

No:

Please note that we are only able to accept U.S. citizens or permanent residents/resident aliens.

Have you ever been convicted of a felony? Yes:

No:

If yes, please give details including dates: _____

Please describe here any special considerations such as membership in an underrepresented minority group, economic disadvantage, first generation to attend college, English as a second language, disability, military veteran, or other.

Date of Birth (MM/DD/YYYY): _____

- Male
- Female
- Other
- Prefer not to answer