



**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.

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1. Academic advisor.

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: \_\_\_\_\_

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2. Other academic reference.

Name, degree: \_\_\_\_\_

Title, institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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3. Third reference.

Name, degree: \_\_\_\_\_

Title, institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### 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):

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Country of citizenship: \_\_\_\_\_

If you are not a U.S. citizen, are you classified by ICE as a "Permanent resident" or "alien resident" 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: \_\_\_\_\_

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The following information is used for our statistical reports to the National Cancer Institute:

Race/Ethnicity: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Male:

Female: