



POSTDOCTORAL FELLOWSHIP APPLICATION FORM: PART 1

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Na	ame:			
	last or family name	first	middle	name you go by
Cι	ırrent			
I	Address:			
	ermanent			
	Address:			
	none: home:	office:		cell:
	mail 1:		ail 2:	
M	onth, year you wish to begin	1:		
	OTE: This is Part 1 of a 2-part s by invitation and includes an	±		
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Ap	oplicant's checklist for requi	red application mat	erials, Part 1:	
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Pi	ease submit electronically to \(\frac{\lambda}{\lambda}\)	•		
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	Goal statement (see p. 3 for con	,		
	Curriculum vitae, with name in	=		
	4	0 1 ,	from the dissertation	ı; label files, e.g., Last-First-Writing1.doo
Pla	ease request the following be s	•		
	Dr. Patricia Dolan Mull			
	Department of Health I		noral Sciences	
	UTHealth School of Pu			
	7000 Fannin, UCT 2522	<u> </u>		
	Houston, TX 77030		P. LEWIL 1.1 ODII 4":	
	Official transcripts from all aca			± '
	If you have attended UTHealth			cores—see below). To request please
	contact: Nathalie.M.Guardado@			
	Graduate Record Examination	on scores		
	Note: if these are no longer ava	ilable, please send a photo	ocopy of your original sco	ore report.
	If you were not required to take	the GRE, please request	that your MCAT or other	r scores be sent.
	3 letters of reference, at least 2	_	_	
	each signed, on letterhead, in a s	sealed envelope or as a .po	df sent by e-mail (list then	n 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.

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Full name of institution, location	Dates attended (month/year)	Major field of study	Degree	Date awarded or expected (month/year)	Date transcrip requeste
st other training experi	ence, beginning with	the current/r	nost recent	institution.	
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Full name of institution, location	Dates attended (month/year)	experie (e.g. resid		Area of specialty	Supervis
					Date score
GREs or other tests	Date taken	Verbal	Quant.	Analyt.	requested

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: 2. Other academic reference. Name, degree: Title, institution: Telephone: B-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 Yes: No: "Permanent resident" or "resident alien" of the United States? 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:						
for completing all degree requirements. Name, degree: Title, institution: Telephone: E-mail: 2. Other academic reference. Name, degree: Title, institution: Telephone: B-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 Yes: No: "Permanent resident" or "resident alien" of the United States? 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:	1. Dissertation supervisor.					
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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