# T32 RESEARCH FELLOWSHIP APPLICATION

Our fellowship training program has a flexible submission deadline for applications:

Prior to July 1st, 2023

Appointments will have a start date between July 1<sup>st</sup> 2022 - June 30<sup>th</sup> 2023, and continue for one year. In the event there are remaining open slots after July 1<sup>st</sup>, remaining qualified applicants will be contacted, and an appropriate start date determined. Outstanding candidates who wish to train at UT Southwestern may also be eligible for training opportunities in other research fellowship programs outside of our department. Therefore, we invite all interested applicants to apply.

UT Southwestern strongly encourages applications from all groups that have been shown by the National Institutes of Health to be nationally underrepresented in health sciences research training. This includes certain racial and ethnic groups, persons with disabilities, or persons from a disadvantaged economic background. If any of these apply, please include that information below.

#### Instructions:

Please type or print legibly in ink. Each part should be answered completely and accurately. If a question is not applicable, enter "N/A".

This application should be emailed to: <u>Richa.Pandey@utsouthwestern.edu</u>

## **Personal Information:**

Family Name (sumame)			First Name		Middle Initial		Degree(s)	
Permanent Mailing Address								
Home Phone	Work Phone	Cell Pho	ne	Other Phone			Permanent Email Address	
Are you a U.S. citizen? YES□ NO□	Date & Place of Birth		Are you a Permanent U.S. Resident?		lf not	If not a U.S. citizen, type of Visa		Visa number

## Availability:

What is the optimal time for you to begin a research fellowship? If there is flexibility in this time, please indicate in your response.

## Name of Proposed Mentor:

### **References:**

Provide contact information for two references. Additionally, provide a letter of support from your identified research mentor for the T32 training that includes a brief description of the sleep/circadian rhythm related, potential project and additional federal funding sources to support the trainee.

Name	Title	Institution, City, State	Institution, City, State		

# **Undergraduate Education:**

School & Location	Major Area of Study	Degree	Date Awarded (Month/Day/Year)

# **Medical or Doctoral Education:**

School & Location	Major Area of Study	Degree	Date Awarded (Month/Day/Year)

# Internship, Residency and Fellowship:

Medical Center & Location	Specialty	Date Study Commenced (Month/Day/Year)	Date Completed (Month/Day/Year)

# **Other Training**

## **Personal Statement**

In a **separate PDF document** please provide a personal statement (500 words) from applicant stating where they are in their training (what year in graduate school or postdoctoral training) and their short and long-range career and research goals. Also provide an NIH style Bio-sketch.

# Short summary of planned research for the year of support. Include relevance to sleep or circadian rhythm research. If more space is required, use a separate piece of paper.