

**T32 RESEARCH FELLOWSHIP  
APPLICATION**

Our fellowship training program has three different submission deadlines for applications:

April 30<sup>th</sup>

August 31<sup>st</sup>

December 31<sup>st</sup>

Appointments will have a July 1<sup>st</sup> start date. 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:  
[dana.jeffress@utsouthwestern.edu](mailto:dana.jeffress@utsouthwestern.edu)

**Personal Information:**

Family Name (surname)		First Name		Middle Initial	Degree(s)
Permanent Mailing Address					
Home Phone	Work Phone	Cell Phone	Other Phone	Permanent Email Address	
Are you a U.S. citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date & Place of Birth	Are you a Permanent U.S. Resident?	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.

Name	Title	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.

### List of GRE Scores

If more space is required, use a separate piece of paper.