Application for Pharmacological Sciences
Predoctoral Fellowship
2023/2024

Applicant Information:

Name (last, first, m.i.): _____

Campus Address: _____ Campus phone: _____

ORCID: _____ eRA Commons ID: _____

Gender: ☐ Male ☐ Female ☐ _____

Citizenship Status: (**F1 visa is not an eligible status**)

☐ U.S. Citizen or Noncitizen National

Non-U.S. Citizen
☐ With a Permanent U.S. Resident Visa ("Green Card")

If not a U.S. citizen, of which country are you a citizen? _____

Ethnic Status: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race:
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American
☐ White

As defined in [NIH's Notice of Interest in Diversity]

Do you have a disability?
☐ Yes ☐ No ☐ Do not wish to provide

Are you from a disadvantaged background?
☐ Yes ☐ No ☐ Do not wish to provide

University of Iowa Affiliation: (Attach copy of current UI transcript – unofficial transcripts acceptable)

Graduate subprogram: _____ PhD mentor/advisor: _____

MSTP ☐ yes ☐ no   Mentor department: _____

Date started PhD program: _____ Comprehensive exam taken?: ☐ yes ☐ no

If no, anticipated date (mo/yr): _____

Current UI GPA: _____ Estimated date for completion of PhD: _____

*** I have taken the Online CITI Training ☐ yes ☐ no

Undergraduate Degree, Training: (Attach copy of undergrad transcript – unofficial transcripts acceptable)

Institution: _____ Degree awarded: _____

Date of award (mo/yr): _____

Undergraduate major(s): _____ GPA: _____

Post-Baccalaureate Education/Training:

Institution: _____ Degree awarded: _____

Mentor(s): _____ Date awarded (mo/yr): _____

Area of study: _____ GPA: _____

Months of Prior, Full-Time Research Experience:

Prior, full-time research experience indicates research experience gained before starting your graduate PhD program at the University of Iowa.

- Enter the total number of months of prior, full-time research experience.
- For many individuals, this value will reflect months of summer research experience or full-time research experience following college.
- For those with part-time, academic-year research experience for academic credit, convert the part-time experience to full time (e.g., 15 hours/week for 8 months = 3 months).
- Do not include labs associated with a course (e.g. organic chemistry course with lab).
- If you completed a master's degree prior to acceptance into your current graduate PhD program, that research experience should be counted.

Enter the number of months of prior, full-time research experience _____

Honors and/or Awards:

Publications, Abstracts or Presentations:

Statement of Research Goals:

This should summarize ongoing work and planned thesis research in titled aims page format. (Limit this to the space below and one additional page, please.)

Career Plans:

Letters of Recommendation: (2-page limit for each letter)

Please ask for letters of recommendation from three referees who can comment on training and potential for conducting research in Pharmacological Sciences. One of these should be your current or proposed PhD research mentor. Referees should email their letter to Linda Buckner, linda-buckner@uiowa.edu.

	Name and Email	Title and Department
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____

Questions:

Please contact: Linda Buckner, 335-7946, linda-buckner@uiowa.edu

You may also contact the Co-PI's of this training grant: Stefan Strack, Ph.D., 384-4439
stefan-strack@uiowa.edu

David Roman, Ph.D., 335-6920
david-roman@uiowa.edu

Deadline for receipt of applications AND letters of recommendation is Friday, June 2, 2023.
Applications should be sent electronically; save as a pdf file with your name in the file name (example: LastName_PharmT32App). Please send the pdf file by e-mail to linda-buckner@uiowa.edu.

TO WHOM IT MAY CONCERN:

I, the applicant, hereby give permission to the Pharmacological Sciences Training Grant Executive Committee to examine and reproduce materials in my confidential files for the purpose of evaluating my application.

Signature: _____   Date: _____

I, the thesis mentor, hereby confirm that I have provided guidance for the applicant's thesis project, but that the "Statement of Research Goals" was written by the applicant. If I am considered a junior mentor who has yet to graduate a student, I agree to select a more senior co-mentor for the student (to be named at appt.).

Signature: _____   Date: _____

Checklist for application (please complete)

☐ 1. Completed application form
☐ 2. Current UI transcript (unofficial accepted)

☐ 3. Undergraduate transcript (unofficial accepted)
☐ 4. Requests made for 3 letters of support