

**Application for Pharmacological Sciences  
Predoctoral Fellowship  
2022/2023**

**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: \_\_\_\_\_

Date awarded (mm/yy): \_\_\_\_\_

Area of study: \_\_\_\_\_ GPA: \_\_\_\_\_

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**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 \_\_\_\_\_

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**Honors and/or Awards:**

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**Publications, Abstracts or Presentations:**

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**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.)

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**Career Plans:**

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**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](mailto:linda-buckner@uiowa.edu).

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

**Questions:**

Please contact: Linda Buckner, 335-7946, [linda-buckner@uiowa.edu](mailto: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](mailto:stefan-strack@uiowa.edu)

David Roman, Ph.D., 335-6920  
[david-roman@uiowa.edu](mailto:david-roman@uiowa.edu)

**Deadline for receipt of applications AND letters of recommendation is Tuesday, May 31, 2022.**

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](mailto: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)**

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|---|--|
| <input type="checkbox"/> 1. Completed application form                  | <input type="checkbox"/> 3. Undergraduate transcript (unofficial accepted) |
| <input type="checkbox"/> 2. Current UI transcript (unofficial accepted) | <input type="checkbox"/> 4. Requests made for 3 letters of support         |