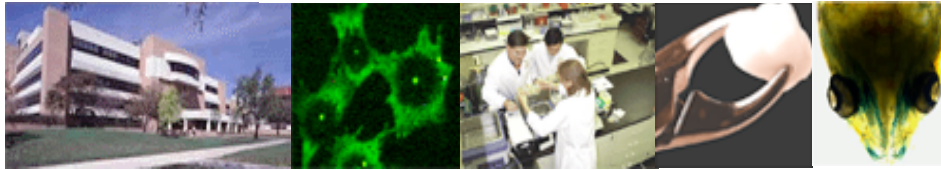




UT Health

San Antonio

School of Dentistry



COSTAR

Craniofacial Oral-Biology Student Training in Academic Research

Application for Support for the PhD, DDS/PhD and Post Doctorate Fellowship COSTAR Program
<http://costar.uthscsa.edu>

Date of Application: _____

Legal Name (First/Last): _____

Complete Mailing Address: _____

Email Address: _____

Laboratory Phone Number: _____

Date of Birth (MM/DD/YY): _____

F M Place of Birth: _____

U.S. Citizen? Yes No

If No, Country of Citizenship: _____

(ONLY US citizens or Resident Aliens are eligible to apply for COSTAR support)

Are you a Legal Resident of Texas? Yes N Country of Residency: _____

Race/Ethnicity (Required by NIDCR/NIH): American Indian/Alaskan Native Asian/Pacific Islander

Black (Not of Hispanic Origin) Hispanic White (Not of Hispanic Origin) Other:

Applicant Type: DDS/PhD Track PhD Track Post-Doctorate Fellow

If applying to the DDS/PhD or PhD tracks, please indicate desired Integrated Biomedical Science Discipline.

Discipline: _____ Year in Program: _____

If applying to the DDS/PhD or PhD tracks, please indicate the date that you have passed the qualifying exam.

If Yes, Date: _____

If No, when do you expect to take the examination? _____

List the names and laboratory and/or office phone numbers of your mentor and reference you have asked to submit a Recommendation Form/Letter.

Name: _____

Phone: _____

Name: _____

Phone: _____

Signature of Applicant: _____