



Application for a Postdoctoral Fellowship Position

Applicant Name: _____

Home Address: _____

Cell Phone: () _____

Work Address: _____

Work Telephone: () _____

Work e-mail address: _____

Proposed UAB Mentor for the purpose of this application:

Mentor's Name: _____

Mentor's UAB Address: _____

Mentor's UAB Telephone: (205) _____

Mentor's UAB e-mail: _____

Applicant Citizenship Status:

☐ **US Citizen**

If Yes, please provide a copy of your birth certificate or passport.

☐ **Permanent resident**

If Yes, please provide a copy of your green card.

Education - Undergraduate*

**Please provide the requested information for every college/university you attended as an undergraduate*

College/University: _____

Address: _____

Major/Concentration: _____

Honors: _____

Period of Attendance: _____ to _____

GPA: _____

SAT: Verbal _____ Math _____ Writing _____

ACT: _____

MCAT: _____

GRE: Verbal _____ Math _____

Publication(s): ☐ Yes ☐ No

If yes, please list:

1.

Degree Granted*: _____

**Please provide a copy of your transcript.*

Undergraduate Mentor(s):

Mentor's Name: _____

Mentor's Address: _____

Mentor's Telephone: () _____

Mentor's e-mail: _____

Graduate:

**Please provide the requested information for every college/university you attended as a graduate or professional student.*

College/University: _____

Address: _____

Discipline: _____

Honors: _____

Period of Attendance: _____ to _____

GPA: _____

Publication(s): ☐ Yes ☐ No

If yes, please list:

1.

Degree Granted*: _____

**Please provide a copy of your transcript.*

Graduate Mentor(s):

Mentor's Name: _____

Mentor's Address: _____

Mentor's Telephone: () _____

Mentor's e-mail: _____

Postgraduate – if applicable:

**Please provide the requested information for every institution/laboratory for which you have received postgraduate training*

Institution: _____

Address: _____

Discipline: _____

Honors: _____

Period of Attendance: _____ to _____

Publication(s): ☐ Yes ☐ No

If yes, please list:

Post Graduate Mentor(s) – if applicable:

Mentor's Name: _____

Mentor's Address: _____

Mentor's Telephone: () _____

Mentor's e-mail: _____

Supporting Documents:☐ **Cover Letter (Mentor):**

This should be a Letter of Support/Recommendation from your mentor. It should also summarize your proposed studies and your qualifications for the training grant. Please have the mentor submit the letter directly to sledbetter@uabmc.edu.

☐ **Letters of Support/Recommendation from two other faculty:**

Please submit two letters of recommendation from other faculty, either inside or outside UAB, summarizing your qualifications for support from the training grant. Please have these letters submitted directly to sledbetter@uabmc.edu from these chosen referees.

Please list their names and affiliations, below:

Recommender: _____

**Recommender's Academic Rank,
Department and School:** _____

Recommender: _____

**Recommender's Academic Rank,
Department and School:** _____

PREVIOUS NRSA SUPPORT:

Have you previously received NRSA (T32)-level support: ☐ Yes ☐ No

If yes, please explain:

Applicant's Signature: _____ **Date:** _____



Checklist for Documentation Postdoctoral Application

- ☐ **Postdoctoral Application** – Completed and signed.
- ☐ **Mentor's Letter (Cover Letter)** –Written by the mentor, summarizing the trainee's previous studies as a graduate and postdoctoral trainee, studies proposed to be pursued as a trainee on this training grant, and the trainee's career plans
- ☐ **Proof of Citizenship or Permanent Residency** – Copy of birth certificate, passport, and/or green card.
- ☐ **Undergraduate Studies** – Copy of official transcript(s)
- ☐ **Graduate studies** – Copy of official transcript(s)
- ☐ **Two (2) Letters of Recommendation/Support** - Two letters of recommendation from other faculty, either inside or outside UAB, summarizing your qualifications for support from the training grant.
- ☐ **Documentation of IRB Training**- Applicable only if the applicant's research deals with human subjects.
- ☐ **Documentation of IACUC Training**- Applicable only if the applicant's research deals with use of animals in research.
- ☐ **Documentation of Ethics Training** –A copy of the latest certificate of training or a statement of plans to obtain training in the coming year.

Submit all application materials and correspondence by email to

Stephanie S. Miller, MS
(sledbetter@uabmc.edu)
Phone 205-934-7423

All documentation materials should be scanned and attached to the email