Washington University School of Medicine in St. Louis

**WUSTL Transdisciplinary Pre- and Postdoctoral Training Program in Obesity and Cardiovascular Disease**

**T32 Predoctoral Program**

**Application Cover Sheet**

**Applicant Information**

*Last Name First Name Middle Name*

Permanent Mailing Address:

*Street* *Address*

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*City State Zip Code*

Primary Phone: Other Phone:

E-mail Address:

Alternative E-mail Address: \_\_\_\_\_\_\_

Citizenship:

US Citizen  Non-citizen National  Other: \_\_\_\_\_\_

Permanent Resident / Non US Citizen with Permanent US Visa

Resident Card Number: Effective Date:

Gender\*:  Female  Male  Nonconforming  Other  Prefer Not to Answer

Race\* (check one or more items as appropriate):

American Indian / Alaska Native  Asian Black / African American

Native Hawaiian or Other Pacific Islander  White  Prefer Not to Answer

Ethnicity\*:  Hispanic or Latino  Not Hispanic or Latino  Prefer Not to Answer

Do you have a disability\*?  Yes  No  Prefer Not to Answer

If yes, please check all that apply:

Hearing loss  Vision loss  Loss of ability to speak

Loss of use of one or more limbs  Disabling systemic illness  Disabling mental illness

Disabling pain  Other:

\*This information is used for grant reporting purposes only.

**WUSTL PhD program/dual program applying for or currently enrolled in:**

Clinical Psychology  Social Work  Public Health

Human and Statistical Genetics  Molecular Cell Biology  Neuroscience

Other

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start Date/Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

List all awarded degrees

Degree: BA BS MA MS MPH Other

If Other, Specify Degree:

Degree Awarded Date:

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Name:

**Reference 1**

Last Name: First Name: MI:

Title: Institution:

Phone: E-mail Address:

**Reference 2**

Last Name: First Name: MI:

Title: Institution:

Phone: E-mail Address:

**Reference 3**

Last Name: First Name: MI:

Title: Institution:

Phone: E-mail Address:

**A complete application must include:**

* This completed **Application Cover Sheet**
* **Curriculum Vitae**
* **Official Transcript** from current/most recent institution
* **Cover Letter**
* **Two-page Statement:** Two-pagestatementdescribing research interests and experience, future plans, career path, and interests
* **Confidential** **Letters of Reference** sent directly from previous mentors, supervisors, or individuals qualified to speak to the applicant’s strengths and fitness as related to the T32 Postdoctoral program

**I certify that all information provided is complete and accurate to the best of my knowledge.**

**Applicant Signature: Date:**

**Applications and reference letters should be submitted in PDF format to the Program Administrator at** [gabberts@wustl.edu](mailto:gabberts@wustl.edu) **and should include “T32 Pre-Doctoral Program: [Applicant Name]” in the subject line.**