

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

**T32 Post-Doctoral 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.

**Professional Position/Institutional Information**

Academic Rank:

[ ] Current Doctoral Student [ ] Postdoctoral Scholar [ ] Fellow

[ ] Other:

Institution:

Department: Division:

**Education**

List all awarded doctoral degrees

Degree: [ ] PhD [ ] MD/PhD [ ] MD [ ] DVM [ ] Other

If Other, Specify Degree:

If PhD, Specify Area of Degree:

Degree Awarded Date:

Institution Name:

**Primary Mentor**

Please list the individual you would be interested in serving as your primary mentor. For a complete list of mentors, please refer to the website [here](https://healthyweightandwellness.wustl.edu/education/t32-training-program/#eligibility).

 Last Name: First Name: MI:

 Title: Institution:

Phone: E-mail Address:

**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**
* **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 (2-3 letters)

**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** aflewelling@wustl.edu **and should include “T32 Post-Doctoral Program: [Applicant Name]” in the subject line.**