



**Certificate Program in Translational Research
Application Cover Sheet**

Applicant Information

University Affiliation

- Emory PhD Student; Program: _____
- Emory Postdoc; Department/Division: _____
- Emory Faculty Member; Department/Division/Position: _____
- Georgia Tech PhD Student; Program: _____
- MSM PhD Student; Program: _____
- UGA College of Pharmacy

Full Name: _____ Preferred Name: _____

Mailing Address: _____

E-mail: _____ Alternative E-mail: _____

Phone: _____ (office) _____ (cell) _____ (PIC or Pager)

Date of Birth: _____

Emory Employee ID (If you are not with Emory University, leave blank): _____

Have you ever applied to Emory University in the past? _____ *(This question is important because if you applied to Emory at any time, whether or not you enrolled, you already have an Emory ID number in the Emory data system.)*

The following is needed by the Laney Graduate School in order to establish a data systems record for you:

Citizenship: U.S. U.S. Permanent Resident
(If non-U.S. Citizen, Country of Citizenship: _____ Visa Status: _____)

City, State, and Country of Birth: _____

The following is needed for NIH Reporting:

Gender: _____

Race: American Indian/Alaska Native Asian Black White More than one race Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic

Are you from a disadvantaged background? Yes No
Link to NIH Definition <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-053.html>

Do you have any disabilities: Yes No

(more on page 2)

Research Area of Interest: _____

Mentor Information

Mentor or Supervisor: _____

Department/Division: _____

Email: _____

Applicant's Signature