



TL1 Application Cover Sheet

University Affiliation: Emory Georgia Tech MSM UGA

Predoctoral: PhD Student Medical Student PharmD Student

Postdoctoral: PhD Postdoctoral Resident/Fellow (Physician) PharmD Resident

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 questions are required for NIH reporting (Please note: only U.S. Citizens or Permanent Residents are Eligible for the TL1 Program):

Citizenship: U.S. Citizen U.S. Permanent Resident

City, State, and Country of Birth: _____

Gender: _____

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

Ethnicity: Hispanic

Are you from a disadvantaged background? Yes No
(NIH Definition of Disadvantaged Background: <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 Information

NIH ERA Commons Username (If you already have one): _____

Research Area of Interest: _____

Title of Research Project: _____

Mentor Information

For each person below, provide name, degree, department, division, school, and university

Mentor: _____

Mentor's E-Mail Address: _____

Co-Mentor (if applicable): _____

Co-Mentor's E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

Advisory Committee Member: _____

Advisory Committee Member E-Mail Address: _____

By signing below, I am indicating that I will not be supported by any other NIH awards during my TL1 appointment. (NIH does not allow individuals to be supported by more than one NIH award at the same time):

Applicant's Signature