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| CAMP[1] | 2016 MOST Trainee Application  Multidisciplinary Oral Science Training Program  University of Illinois at Chicago College of Dentistry |

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| Full Legal Name (Last, First, Middle) |
| Indicate Other Name(s) You Have Used on any documents you will be using in support of this application  (Last, First, Middle) |
| Previous Degrees |
| Department (if applicable) |
| College (if applicable) |
| Type of MOST trainee position sought: |
| Predoctoral: seeking PhD  Degree-seeking Postdoctoral: post-DMD or MS, seeking PhD  Non-degree-seeking Postdoctoral: post-DDS (or MD)/PhD |

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| **Contact and Background Information** | | |
| Current Mailing Address  Number and Street, Apartment Number or Mail Code  City, State, Zip Code | | |
| Phone Number | Alternate Phone Number | |
| Email (complete only if we can use this address to contact you throughout the application process) | | |
| Permanent Mailing Address (if applicable)  Number and Street, Apartment Number or Mail Code  City, State, Zip Code | | |
| Citizenship (check one)  U.S. Citizen (born or naturalized)  U.S. Permanent Resident – Alien Registration Number: A# | | |
| Gender (check one)  Male  Female | | |
| Race/Ethnic Group (optional) | | |
| Native or Alaskan Native  Asian or Pacific Islander  Black or African American, not of Hispanic origin  White, not of Hispanic origin  Other | | Mexican American  Puerto Rican  Cuban  Other Hispanic |

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| **Professional/Graduate Degree History** | | | | |
| Are you currently enrolled in a graduate degree program?  Yes  No | | | | |
| If you have completed coursework within the U.S. after your bachelor’s degree was awarded, provide your cumulative GPA for all courses completed.      /4.0  For assistance with the calculation of your GPA, please refer to the following website: <http://www.uic.edu/depts/oar/forms/gpa_tool.xls> | | | | |
| Name of College/University | Location (City, State) | Field of Study | Degree | Date Awarded/ Expected |
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| **Undergraduate Degree History** | | | | |
| If your undergraduate studies were completed in the U.S., provide your cumulative GPA for the last 60 hours/ 2 years.      /4.0 For assistance with the calculation of your GPA, please refer to the following website: <http://www.uic.edu/depts/oar/forms/gpa_tool.xls> | | | | |
| Name of College/University | Location (City, State) | Field of Study | Degree | Date Awarded/ |
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| **Awards and Honors** | | |
| Year | Award | Institution |
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| **Attachments** For specific directions for each item listed below, refer to the “How to Apply” sections of the MOST Program website | |
|  | Research and career goals description |
|  | Curriculum Vitae |
|  | Recommendation letter from primary mentor |
|  | Self assessment of training needs |
|  | Transcript, Undergraduate Level (unofficial copy is acceptable) |
|  | Transcript, Graduate Level (unofficial copy is acceptable) |
|  | Proof of successful completion of preliminary exam (optional) |

**We reserve the right to accept only credentials or documents deemed authentic. We also reserve the right to request a professional credential evaluation. All documents submitted with this application become the property of University of Illinois at Chicago.**

**I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for participation in this program or subject to dismissal if awarded. I have read this application and certify that the statements I have made on this application are correct and complete.**

Signature

Date

Only complete applications will be considered. Submit this original, signed application form with required attachments to:

Ana Bedran-Russo, bedran@uic.edu

University of Illinois at Chicago

801 S. Paulina Street, MC 621

Chicago, Illinois 60612