YALE & UCONN HEALTH

Connecticut KUH Research Training Program

Application Cover Sheet — General Applicant Information

Applicant

FULL NAME (LAST, FIRST, MI)

PREFERRED NAME / PRONOUNS (OPTIONAL)

EMAIL

PHONE

CURRENT INSTITUTION

DEPARTMENT / PROGRAM

CURRENT POSITION / TITLE

Career stage & eligibility

APPLICANT TRACK

☐ Predoctoral ☐ Postdoctoral physician-scientist ☐ Postdoctoral PhD scientist

HIGHEST DEGREE HELD (PhD / MD / DO) & YEAR

IF ENROLLED: PROGRAM & EXPECTED COMPLETION

CITIZENSHIP / RESIDENCY

☐ U.S. citizen ☐ Permanent resident (green card)

TL1 appointment is limited to U.S. citizens and permanent residents, per NIH NRSA policy.

Research & mentorship

KUH DISCIPLINE

☐ Nephrology ☐ Classical (benign) hematology ☐ Benign urology

PROPOSED RESEARCH AREA / PROJECT TITLE

PRIMARY MENTOR — NAME

INSTITUTION

EMAIL

SECONDARY MENTOR — NAME (OPTIONAL)

SECONDARY MENTOR — EMAIL (OPTIONAL)

APPLICANT NAME (CONFIRMS INFORMATION IS ACCURATE)

DATE

Include this cover sheet as the first page of your Part I application materials.

Submit to apply@ckrt.org · ckrt.org