

The University of Texas M. D. Anderson Cancer Center
Application for Postdoctoral/Graduate Student
Educational Appointment

Office of Education

General Instructions

The following documents are required to complete an application for original appointment and must accompany recommendation for same before an offer of appointment can be made:

Postdoctoral Education Appointment

Application for Postdoctoral Educational Appointment

Three letters of recommendation. Letters should be dated no more than one year prior to the application date and should be from supervisors and associates who are in a position to evaluate candidate's ability and performance.

Immunization Record to be completed by a physician and a physician's certification of general health.

Copy of doctor diploma.

Documents in foreign languages must be accompanied by certified translations.

Graduate Student Educational Appointment

Application for Graduate Student Educational Appointment

Transcript of grades or a statement from the dean or other school official verifying student's enrollment and good standing for those students who are enrolled in schools other than The University of Texas Health Science Center, Houston.

Immunization Record to be completed by a physician and a physician's certification of general health.

Documents in foreign languages must be accompanied by certified translations.

Special Instructions for International Visitors

Clarification of visa status must be obtained prior to effecting the appointment. Candidates for appointment holding temporary visas are bound by the restrictions placed on the institution by the State Department concerning the training of such persons.

Biodata Required to Complete Form IAP-66 must be completed by the applicant in order for The University of Texas M. D. Anderson Cancer Center to provide assistance in securing and appropriate visa.

NOTE: All application Materials Become The Property of the University of Texas M. D. Anderson Cancer Center and Will Not Be Returned To the Applicant. The University of Texas M. D. Anderson Cancer Center is not Required to Provide Copies of these Materials.

Biographical Information

Full Name:

Last or Family Name First Name Middle Name Maiden Name

U.S. Social Security Number: _____ - _____ - _____

Current Mailing Address: _____

Number and Street City State Zip Country

Fax No.: _____ E-Mail Address: _____

Permanent Mailing Address: _____

Number and Street City State Zip Country

Permanent Message Contact:

Name Relationship Telephone Number

Country of Citizenship or Last Permanent Residency: _____

If US Citizen, Naturalized? Yes ___ No ___

If Non-U.S. Citizen, Current Visa Status _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, give details of conviction including dates: _____

Academic History

1. Secondary (Senior High) School:

City County State Country

2. List all colleges and universities attended (List chronologically beginning with current or most recent institution.)
Please **Do Not** Abbreviate names.

Name of Institution and Location	Dates Attended From / To (Month / Year)	Major Field of Study	Name of Degree	Date Awarded or Expected (Month / Year)

Employment and Training Experience

3. Employment and Training Experience: (List chronologically beginning with current or most recent institution).

Dates	Type of Experience (identify "Type": Teaching, Intern, Residency, Military, Practice, etc.)	Institution	City and State / Country

4. List academic awards, honors and fellowships:

5. State your reasons for desiring graduate education in your chosen field. What are your career plans? If you have had prior research experience, please describe these activities. Indicate when, where and with whom the work was done. Describe your role in the work and briefly describe the results. You may use a separate page if necessary.

Voluntary Information

Date of Birth (MM/DD/YY) _____ Sex: Male ___ Female ___

Please indicate your ethnic origin:

___ American Indian/Native Alaskan ___ Black, non-Hispanic origin ___ White, non-Hispanic origin
___ Asian/Pacific Islander ___ Black, non-Hispanic origin ___ Other

Are you or have you ever been in the armed forces of the US? Yes ___ No ___

If yes, branch _____ and dates of service _____ to _____

What languages do you read, write, speak?

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING YOUR APPLICATION.

I understand that all application material submitted to The University of Texas M. D. Anderson Cancer Center becomes the property of this institution and is not returnable. I also understand that The University of Texas M. D. Anderson Cancer Center is not obligated to furnish me with duplicate copies.

I understand that the Information submitted herein will be relied upon by The University of Texas M. D. Anderson Cancer Center to determine my status for appointment and training eligibility. I authorize The University of Texas M. D. Anderson Cancer Center to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission or subsequent academic standing at The University of Texas M. D. Anderson Cancer Center. I agree to notify the proper UTMDACC officials of any changes in the information provided.

I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

Signature _____ Date _____

Release of Reference I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies or organizations that provide information about me at the request of The University of Texas M. D. Anderson Cancer Center or its agents.

Signature _____ Date _____

Have you ever been employed by The University of Texas M. D. Anderson Cancer Center?

If yes, please list department and dates of service.

Have you ever been employed by another University of Texas component or another agency of the State of Texas?

If yes, please list agency and dates of services.

This is not a complete application; a list of additional requirements may be obtained from the department in which you are applying.