

**JOSEPH A. PATRICK RESEARCH FELLOWSHIP IN TRANSPLANTATION
AT THE UNIVERSITY OF PITTSBURGH**

2021 APPLICATION

APPLICANT INFORMATION

Name: _____
 First **Middle** **Last**

Citizenship: _____ **Visa Status:** _____

Highest Degree(s): _____

For PhD Applicants
Title of Dissertation: _____

Dissertation Advisor
 Name: _____
 Title: _____
 Department: _____
 Institution: _____

Current Position: _____

Preferred E-Mail: _____

Preferred Telephone Number: _____

Present Mailing Address
Street: _____
City: _____
ZIP: _____
Country: _____

Permanent Mailing Address
Street: _____
City: _____
ZIP: _____
Country: _____

MENTOR INFORMATION

Name: _____
 First **Middle** **Last**

Current Position: _____

Preferred E-Mail: _____

Preferred Telephone Number: _____

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PROJECT INFORMATION

Title:

Other Faculty Associated With Project

List name, degree, and position of each investigator associated with the project and indicate their role, e.g. Collaborating Investigator, Consultant, etc.

Name	Degree(s)	Position	Role on Proposal

Institutional Assurances Required for Research Project

Human Subjects ___ Yes (IRB# _____) ___ No

Animals ___ Yes (IACUC#: _____) ___ No

Radioisotopes ___ Yes ___ No

Attestation

The individuals signing below, if funded, attest that the research proposed will be conducted in compliance with the terms and requirements of the fellowship award.

Applicant's Signature _____ Date _____

Mentor's Signature _____ Date _____

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PROFESSIONAL/PERSONAL REFERENCES

Two reference letters are required for the Joseph A. Patrick Research Fellowship in Transplantation. These letters are in addition to the Mentor's Letter of Support. List on this page the names and addresses of two individuals (preferably previous mentors) who are familiar with your scientific interests and abilities. Ask the indicated referees to send letters (electronic or hard copy) to the location below.

Full Name (First, Middle, Last) _____
Title _____
Institution _____
Department _____
Street Address _____
City _____
State _____
Zip _____
Country _____
Telephone _____
Email _____

Full Name (First, Middle, Last) _____
Title _____
Institution _____
Department _____
Street Address _____
City _____
State _____
Zip _____
Country _____
Telephone _____
Email _____

Send reference letters directly to: Director for Research Administration and Academic Affairs
Thomas E. Starzl Transplantation Institute

Hard copies can be mailed to: E1545 Biomedical Science Tower
200 Lothrop Street
Pittsburgh, PA 15261

Electronic copies can be sent to: stiresearch@pitt.edu