



The University of Texas Health Science Center at San Antonio –  
Dental School

# COSTAR

## Craniofacial Oral-Biology Student Training in Academic Research Application for Support for the Graduate Degree (PhD) Program of COSTAR <http://dental.uthscsa.edu>

Date of Application: \_\_\_\_\_

Legal Name (First/Last): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Laboratory Phone Number: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_  F  M Place of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No If No, Country of Citizenship: \_\_\_\_\_  
(ONLY US citizens or Resident Aliens are eligible to apply for COSTAR support)

Are you a Legal Resident of Texas?  Yes  No Country of Residency: \_\_\_\_\_

Race/Ethnicity (Required by NIDCR/NIH)  American Indian/Alaskan Native  Asian/Pacific Islander

Black (Not Hispanic Origin)  Hispanic  White (Not Hispanic Origin)  Other \_\_\_\_\_

Degree objective MUST be PhD, choose program:

Department:  Biochemistry  Microbiology  Cellular & Structural Biology

Pharmacology  Physiology IMGP Track: \_\_\_\_\_ Year in Program: \_\_\_\_\_

Have you passed the qualifying examination for candidacy?  Yes Date: \_\_\_\_\_

No If No, when do you expect to take the examination? \_\_\_\_\_

List the names and laboratory and/or office phone numbers of your mentor and the Dissertation Committee member you have asked to submit a Recommendation Form/Letter.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_