



**Master of Science in Clinical Research  
Application Cover Sheet**

**TL1 Medical Scientist in Training**

**MD/Master of Science in Clinical Research – PhD/Master of Science in Clinical Research  
Dual Degree Program**

**Applicant Information**

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

EmplID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are not with Emory, leave this blank.

\_\_\_ I am a Georgia Tech Student

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

\_\_\_\_\_

E-mail: \_\_\_\_\_ (if you are at Emory, please use your emory.edu email)

Phone: \_\_\_\_\_ (office) \_\_\_\_\_ (cell)

*The following questions are required for NIH reporting:*

Citizenship: \_\_\_ U.S. Citizen \_\_\_ U.S. Permanent Resident

Citizen of: \_\_\_\_\_ Visa status: \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male

Race \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_ Black \_\_\_ White \_\_\_ More than one Race

Ethnicity: \_\_\_ Hispanic

Are you from a disadvantaged background? \_\_\_ Yes \_\_\_ No

Do you have any disabilities? \_\_\_ Yes \_\_\_ No

(Contact Cheryl Sroka, csroka@emory.edu, if you need the NIH definition of "disadvantaged background".)

**For Georgia Tech Students:**

Have you ever applied to Emory University in the past? \_\_\_ Yes \_\_\_ No

(This question is important, because if you applied to Emory at any time in the past, whether or not you enrolled, you already have an Emory ID number in the Emory data systems.)

City, State, and Country of Birth: \_\_\_\_\_

(We need this information in order to establish a data systems record for you.)

If you intend to apply for financial aid through Emory, please provide your social security number:

\_\_\_\_\_

**(more on page 2)**

**Research Information**

Emory School of Medicine Department: \_\_\_\_\_

Emory Laney Graduate School PhD Program: \_\_\_\_\_

Georgia Tech Department: \_\_\_\_\_

NIH ERA Commons Username: \_\_\_\_\_

(If you do not have an NIH ERA Commons Username, please contact the Emory University Office of Sponsored Programs and obtain one.)

Research Area of Interest: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mentor Information**

Name of Lead Mentor: \_\_\_\_\_

Mentor's E-mail Address: \_\_\_\_\_

Mentor's ERA Commons Username: \_\_\_\_\_

Mentor's Research Area of Specialty: \_\_\_\_\_

**Signature**

By signing below, I am indicating that I will not be supported by any other NIH awards during my TL1 appointment. (NIH does not allow individuals to be supported by more than one NIH award at the same time.)

\_\_\_\_\_ Date \_\_\_\_\_