**TISSUE ENGINEERING AND REGENERATION TRAINING GRANT**

**OFF-CYCLE TEAM Nomination– Yr 45**

**Deadline – January 28, 2022**

**OFF-CYCLE NOMINATION FACE PAGE**

**Nominee Information**

|  |  |  |
| --- | --- | --- |
| Name of Applicant  | Social Security Number (last four digits)XXX-XX- | Sex (M/F/X) |
| Permanent Mailing Address | Local Mailing Address |
| UM ID | Local Telephone Number |
| Birthdate (mo/day/yr) | E-mail Address – UMICH email |
| Are you delinquent on the repayment of any federal debt(s)? [ ]  Yes [ ]  NoIf "Yes,” please provide an explanation on a separate sheet of paper.  | **Ph.D. Student Applicants** PhD: [ ]  DDS/PhD: [ ] Please designate degree-granting program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-Candidate - specify resident (R) or non-resident (NR): R NR\_\_\_\_\_ Candidate Expected term/year of Candidacy \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you been appointed to a NIH training mechanism in the past? [ ]  Yes [ ]  NoIf "Yes,” please indicate your status when on the mechanism:Predoc: \_\_\_\_\_\_ # of years funded: \_\_\_\_\_\_Posdoc: \_\_\_\_\_\_ # of years funded: \_\_\_\_\_\_ | **Are you applying to the TEAM training program as a:**[ ]  Post doc Fellow Please designate department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ date (mm/yy) you received PhD \_\_\_\_\_\_\_\_\_ date (mm/yy) you received DDS or MD |
| Mentor Name and Contact Information | Plans to write F or K Award ? [ ]  Yes [ ]  No |
| Degree(s) Sought:  | Moth and Year Expected:  | Are you in good academic standings: \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No |

***PLEASE NOTE: Due to NIH/NIDCR funding, Trainees must be US citizens or permanent residents. Please check to confirm***  [ ]

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution, Department & Location**  | **Month and Year Attended**  | **Degree(s) received**  | **Major Field**  | **Minor Field**  |
| (Most recent)  | From  | To  | Degree | Mo & Yr |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Required Documentation**

|  |
| --- |
| Academic Record (Transcripts – unofficial)Three letters of Recommendation (1 from T-32 mentor)Research Description with Specific aims * Relevance of Aims to Tissue Engineering and Regeneration, and to oral health

Description of career goals and how participation in TEAM will advance these goalsPast funding information (UM history)Curriculum Vita |

**Submit materials to the School of Dentistry Office of Research**

[**Off Cycle - TEAM NOMINATION FORM**](https://docs.google.com/forms/d/e/1FAIpQLSfHMGhBiEfFszDK7O-v2QktdWIkr55EdJiED5hdJgd0sAe1Xw/viewform?usp=sf_link)

<https://forms.gle/uCCSEdp5Gm3vBxFz9>

Deadline: January 28, 2022 | Questions email dent-team-t32@umich.edu