**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  No  If "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  No  If "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 |  |  |
|  |  |  |  |  |  |  |
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**Required Documentation**

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| --- |
| 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 goals  Past 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