

TISSUE ENGINEERING AND REGENERATION TRAINING GRANT 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide an explanation on a separate sheet of paper.		Ph.D. Student Applicants PhD: <input type="checkbox"/> DDS/PhD: <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expected date? _____	
Degree(s) Sought:	Month 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 (Most recent)	Month and Year Attended		Degree(s) received		Major Field	Minor Field
	From	To	Degree	Mo & Yr		

Required Documentation for New Nominations

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 NIDCR (dental/oral/craniofacial health) mission
 Past funding information (UM history and any previous grant appointments)
 Curriculum Vita

Submit materials to the School of Dentistry Office of Research

TEAM NOMINATION FORM

<https://forms.gle/vDu6ZFqFEN3c7PvM6>

Updated Deadline: January 15, 2023 | Questions email rchelber@umich.edu