

GRADUATE APPLICATION CHECKLIST
NIGMS-RISE PROGRAM
UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS



STUDENTS DOCUMENTATION

INCLUDED

- | | |
|---|--------------------------|
| 1. Completed Application Form (enclosed) | <input type="checkbox"/> |
| 2. Official Transcript from all graduate studies | <input type="checkbox"/> |
| 3. Individual Development Plan Summary | <input type="checkbox"/> |
| 4. Evidence of Previous Research Experience (if any) | <input type="checkbox"/> |
| 5. Statement of Career Objectives (Career Goals) | <input type="checkbox"/> |
| 6. Research Proposal of project assigned to student (minimum length = one page) | <input type="checkbox"/> |
| 7. Information on previous fellowship support or past applications for fellowships | <input type="checkbox"/> |
| 8. Students who expect to complete their degree in a 6 month to 1 yr period must provide evidence of postdoctoral position applications. | <input type="checkbox"/> |
| 9. Updated Curriculum Vitae that includes extracurricular activities (outreach programs, community service, scientific associations, etc) | <input type="checkbox"/> |

MENTOR'S DOCUMENTATION

INCLUDED

- | | |
|--|--------------------------|
| 1. Other Support | <input type="checkbox"/> |
| 2. Biographical Sketch (phs398 format) | <input type="checkbox"/> |
| 3. Past and Present Students Table | <input type="checkbox"/> |
| 4. Letter of Recommendation | <input type="checkbox"/> |
| 5. Assurances- Copies of letters of approval from Institutional Compliance Committees (IRB, IACUC, Biosafety, as required by funding agency) | <input type="checkbox"/> |

<http://mbrs-rise.rcm.upr.edu/>

The completed application form with all supporting documents should be delivered at the following address:

NIGMS-RISE Program
UPR - Medical Sciences Campus
Office A-625
PO Box 365067
San Juan, PR 00936-5067
Tel. (787) 758-2525 ext. 2276 or 5113
Fax. (787) 764-8209

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