



APPLICATION FORM

International Research Training in Biobehavioral Health
for underrepresented U.S. minority undergraduate and graduate students

Name of applicant:	
Gender:	Date of Birth:
Current address:	
Current telephone numbers:	cell: land line:
Current e-mail address:	
Permanent address (Name, Address and Telephone Number of Parent/Guardian):	
Ethnicity:	
Country of citizenship (and visa type if not a U.S. citizen - only permanent residents are eligible): [Do not leave this blank – you must answer this question]	
U.S. Passport # (if available):	
Institution you are currently attending and year in school:	
Your major:	Degree you are currently pursuing:
Expected graduation date:	
Cumulative grade point average:	G.P.A. for last 3 semesters:
Names of the two people who are submitting letters of recommendation for you:	
1.	
2.	
Your preferences for the research topics and sites:	
First choice of project (check 1): Smoking behaviors: <input type="checkbox"/> HIV/AIDS interventions: <input type="checkbox"/>	
First choice of location (check 1): France: <input type="checkbox"/> Switzerland: <input type="checkbox"/> South Africa: <input type="checkbox"/> Tanzania: <input type="checkbox"/>	
Reasons for your preferences:	
Have you taken any foreign language courses? What is your degree of fluency (weak, good, excellent)?	

Describe any previous/current research coursework and experience:	
Describe any previous international travel experience:	
Your signature:	Date:

On a separate sheet, please write a one page personal statement/essay that addresses:

- a. reasons you are applying to this program.
- b. your educational and career goals.
- c. how this international research experience will help you in achieving your goals.

Ask the college(s) that you have attended to send an official transcript of your course work to us.

Mail or fax the completed application so that it arrives **NO LATER THAN DECEMBER 01, 2008**! Also, it is your responsibility to ensure that we receive your letters of recommendation and official transcript(s) by that date.

Mail or fax all requested materials to:

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