



EMORY

L A N E Y
GRADUATE
S C H O O L

**Master of Science in Clinical Research
Application Cover Sheet**

Applicant Information

University Affiliation: Emory Georgia Tech MSM UGA

Full Name: _____ Preferred Name: _____

Mailing Address: _____

E-mail: _____ Alternative E-mail: _____

Phone: _____ (office) _____ (cell) _____ (PIC or Pager)

Date of Birth: _____

Educational Degrees Attained: _____

Current Title: _____

School, Department, Division (if applicable):

Emory Employee ID (If you are not with Emory University, leave blank): _____

Have you ever applied to Emory University in the past? (This question is important because if you applied to Emory at any time, whether or not you enrolled, you already have an Emory ID number in the Emory data system.)

The following is needed by the Laney Graduate School in order to establish a data systems record for you:

Citizenship: U.S. U.S. Permanent Resident
(If non-U.S. Citizen, Country of Citizenship: _____ Visa Status: _____)

City, State, and Country of Birth: _____

The following is needed for NIH Reporting:

Gender: _____

Race: American Indian/Alaska Native Asian Black White More than one race Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic

Are you from a disadvantaged background? Yes No
Link to NIH Definition <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-053.html>

Do you have any disabilities: Yes No

(more on page 2)

Research Information:

NIH eRA Commons Username (*if you already have one*): _____

Research Area of Interest: _____

Title of Research Project: _____

Mentor Information:

Name of Lead Mentor: _____

Lead Mentor's E-Mail Address: _____

Name of Co-Mentor: (if applicable) _____

Co-Mentor's E-Mail Address: _____

Applicant's Signature