SYSTEMS AND INTEGRATIVE BIOLOGY (SIB)
TRAINING GRANT IN INTEGRATIVE BIOLOGY AND MATHEMATICS

Instructions for Application Submission

✓ Deadline for submission of applications:

4:00 PM on Friday, Feb. 21, 2014

Submit applications to:  David Tomita
Biomathematics
5303 Life Sciences Bldg
Mail Code: 176606

✓ Applications must be complete at the time of submission, including letters of recommendation, as the Advisory Committee will begin reviewing applications immediately.

✓ Material for each nominee should be contained in a separate manila envelope, each clearly marked with the student’s name and department.

✓ Each envelope should contain all the material listed on the Nomination Checklist along with the checklist itself.

✓ The applicant’s Statement of Research Interest (which is required of all applicants, except entering students) or a nomination letter should clearly reflect the applicant’s interest and work in integrating mathematical/computational techniques with biological/medical problems. If known, also indicate possible plans for meeting some of the formal requirements of this training program (see description).

✓ The applicant must be a U.S. citizen or permanent resident to receive an award. Proof of status is required.
SIB TRAINING GRANT IN INTEGRATIVE BIOLOGY AND MATHEMATICS

Nomination Checklist

NAME: ______________________________________ UCLA ID #: ____________________

DEPARTMENT: _____________________________________________________________

NOMINATED BY: ____________________________________________________________

Contact Person: __________________________ Email/phone: ______________________

ENTERING STUDENTS (offered admission for Academic Year 2014-15)

- UCLA Graduate Application, including:
  - Application Profile
  - Statement of Purpose
- 3 Letters of Recommendation from graduate application
- Undergraduate Transcripts
- Graduate Transcripts (if applicable)
- GRE Scores (photocopy of official form if official score not on Profile)
- Curriculum Vitae
- Any relevant supplementary material (please specify)

CONTINUING STUDENTS

- Summary Sheet (form provided)
- Graduate Transcripts and available undergraduate transcripts (copies)
  (UCLA unofficial transcripts)
- GRE Scores
- 2 letters of recommendation: one from the faculty mentor and the other from a
  second faculty member
- Fall, Winter, and Spring Quarter Rotation Evaluations if available (e.g. for
  ACCESS students)
- Statement of Research Interest
- Copies of Abstracts, Reprints, and Manuscripts, if applicable
- Curriculum Vitae
SIB TRAINING GRANT IN INTEGRATIVE BIOLOGY AND MATHEMATICS
2014-2015

Applicant Summary Sheet

Name: ___________________________________ UCLA ID# __________________________________________

Department: __________________________________________________________

☐ U.S. Citizen ☐ Permanent Resident Must be a US citizen or permanent resident.

(Continuing students only)

Research Director: __________________________________________ Year in Graduate Program: ______

UCLA Graduate GPA: _________ Planned Advancement to Candidacy (date): __________

GRE Scores
Verbal: ____________ (________ %)
Quantitative: ____________ (________ %)
Analytical: ____________ (________ %)
Subject: ____________ (________ %) Area: __________________________

Undergraduate Institution and major: __________________________________________________________

Undergraduate Cumulative GPA: ________ Degree: ________ Date (from/to): _______________________

Are you currently supported by a training grant or other fellowship? __________

If yes, Award name and agency: __________________________ Award period: __________

Have you received NIH training grant support in the past? __________

If yes, Award name and agency: __________________________ Award period: __________

Publications, abstracts (please attach list on a separate sheet or C.V.)

Ethnicity
(Circle one)

African American Chinese American E. Indian/Pakistani Filipino
Japanese American Korean American Mexican American Latino
Native American Polynesian Puerto Rican Thai/Other Asian
Vietnamese White/Caucasian Other Decline to State

Nominated by:

Name __________________________ Signature __________________________

Telephone number __________________________ E-mail address __________________________