DVM Seeking PhD funding application

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | |  | | | | | | | | | First | |  | | | | | | | | | | | | M.I. | | | Date | |  |
| Street Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | |  |
| City |  | | | | | | | | | | | | State | |  | | | | | | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | |
| Date Available | | |  | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | | NO | | | | If no, Country of Citizenship: | | | | | | | | | | | | | | | | | |
| Currently enrolled in Cornell Grad Program? | | | | | | | | | YES | | NO | | | | If so, which grad field? | | | | | |  | | | | | | | | | | | |
| Research Area: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previously attended Cornell? | | | | | | | | | YES | | NO | | | | If yes, explain | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please begin with most recent.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College 1 |  | | | | | | | | | | City, State | | | |  | | | | | | | | | | | | | | | | | |
| From |  | | | | To |  | Did you graduate? | | | | | YES | | | | NO | | | | Degree, GPA | | | | | |  | | | | | | |
| College 2 |  | | | | | | | | | | City, State | | | |  | | | | | | | | | | | | | | | | | |
| From |  | | | | To |  | Did you graduate? | | | | | YES | | | | NO | | | | Degree, GPA | | | | | |  | | | | | | |
| Other |  | | | | | | | | | | City, State | | | |  | | | | | | | | | | | | | | | | | |
| From |  | | | | To |  | Did you graduate? | | | | | YES | | | | NO | | | | Degree, GPA | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | |
| Email &  Mailing address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | |
| Email &  Mailing address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | |
| Email &  Mailing address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **U.S. Citizens and Permanent Residents Only:** *The U.S. Department of Education requires Cornell University to report on the racial or ethnic composition of its student enrollment, but self‐identification is entirely voluntary. Please answer the following two questions:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you Hispanic or Latino *(a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish origin)?* | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | | | | | | | |
| **Please select one or more of the ethnicities with which you identify:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| American Indian or Alaskan Native | | | | | | | | Asian American | | | | | | | | | | | | | | | | | | | | | | | | | |
| Black or African American | | | | | | | | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | |  | | |
| White / Caucasian | | | | | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ADDITIONAL APPLICATION REQUIREMENTS  Please submit your statement of purpose. This one- or two-page statement states your reasons for undertaking graduate work and explains your academic interests, including their relation to your DVM degree and professional goals. Include your full name and your proposed field of study at the top of each page.  Please attached current curriculum vitae and up to three of your most significant publications. You must also provide a minimum of two (maximum of three) reference letters with the recommendation form (below) as cover sheet.  **Application deadline is December 1st for GRA funding and May 1st for the Institutional NIH training grant (T32 OD 011000). Applications for T32 funding must also include a nomination letter from your thesis advisor (can be sent separately).**  Please submit via hard copy or PDF to:  Graduate Education Coordinator  Cornell University, College of Veterinary Medicine  Office of Graduate Education  Schurman Hall S3-024, Box 38  Ithaca, New York 14853-2602  [bbscornell@cornell.edu](mailto:bbscornell@cornell.edu) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to funding I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | |