

Transboundary Animal Disease Fellowship Program Application Form

Personal Information:

Last Name	First Name	Middle Name	Suffix
Mailing Address			
Phone Number	E-mail Address		

References:

List three persons, not related to you, who can provide information regarding your qualifications. These individuals should normally be academic instructors or supervisors acquainted with your previous research or academic work.

Full Name	Title	E-mail Address	Phone

Acknowledgement of Required Qualifications

I certify I have reviewed the required qualifications for the Transboundary Animal Disease Fellowship Program posted on the BRI website and believe I meet all required qualifications.

Candidate's Signature

Date

Acknowledgement of Application Materials

I certify all the information and material that I provided for the Transboundary Animal Disease Fellowship program application is complete and accurate.

Candidate's Signature

Date

Course Dates and Mentors

Required classes will be offered June 10 to August 2, 2019 (8 weeks). During the summer, laboratory rotations are required to enhance the learning experience. In the Fall, you may optionally extend your laboratory experience.

Please mark the following to indicate your intentions and your need for a mentor:

- _____ Required summer laboratory – I have a mentor with whom to work
- _____ Required summer laboratory – I need help identifying a mentor
- _____ Optional fall lab rotation – I have a mentor with whom to work
- _____ Optional fall laboratory rotation – I need help identifying a mentor

Submit form and additional materials by email to agormley@bri.k-state.edu by 2/15/2019.

Applications received after 2/15/19 will be considered if space is available.