

TISSUE ENGINEERING AND REGENERATION TRAINING GRANT **NOMINATION FACE PAGE**

ominee Information						
Name of Applicant			ty Number (last four digits)	Sex	(M/F/X)	
		XXX-XX-				
Permanent Mailing Address			Local Mailing Address			
UM ID			Local Telephone Number			
Birthdate (mo/day/yr)			E-mail Address – UMICH email			
Are you delinquent on the repayment of any federal debt(s)? Yes No			Ph.D. Student Applicants PhD: DDS/PhD: DDS/PhD:			
If "Yes," please provide an explanation on a separate sheet of paper.			Please designate degree-granting program: Pre-Candidate - specify resident (R) or non-resident (NR): R NR			
		Candid	date Expected term/year o	f Candidacy		
Have you been appointed to a NIH training mechanism in the past? Yes No			Post doc Fellow Please designate department:			
If "Yes," please indicate your status when on the mechanism: Predoc: # of years funded:			date (mm/yy) you received PhD			
Posdoc: # of years funded:			date (mm/yy) you received DDS or MD			
Mentor Name and Contact Information				7		
Mentor Name and Contact Information			Plans to write F or K Award? Yes No If yes, expected submission date?			
Degree(s) Sought:	Month and Year Expected:	<u> </u>	Are you in good academic standings: YesNo			
LEASE NOTE: Due to NIH/NIDCR fundi	ng, Trainees must be (US citizens or pe	rmanent residents. Ple	ease check to confir	m 🗌	
ducation Name of Institution, Department & Location Month and Yea		ad Vasu Attanded	Degree(s) received	Maiou Field	Minor Field	
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Academic Record (Transcripts - unofficial)

Three letters of Recommendation (1 from T-32 mentor)

Research Description with Specific aims

Relevance of Aims to Tissue Engineering and Regeneration and NIDCR (dental/oral/craniofacial health) mission

Past funding information (UM history and any previous grant appointments)

Curriculum Vita

Please submit completed application materials to the following form:

https://forms.gle/8wGCfz76ULkdtLUw8

Updated Deadline: January 10, 2025 | Questions email jeangrey@umich.edu