

**UPR-MDACC Partnership for Excellence in Cancer Research  
TRAINING PROGRAM  
Application for Graduate Research Assistantships**

**BIOGRAPHICAL INFORMATION**

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**U.S. Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Telephone No.** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Permanent Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Permanent Message Contact:** \_\_\_\_\_  
Name Relationship Telephone Number

**Your E-Mail Address:** \_\_\_\_\_

**Country of Citizenship or Last Permanent Residency:** \_\_\_\_\_

**If U.S. Citizen, Naturalized?** Yes \_\_\_\_ No \_\_\_\_ **If Non-U.S. Citizen, Current Visa Status** \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes \_\_\_\_ No \_\_\_\_ **If yes, give details of conviction including dates** \_\_\_\_\_

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**ACADEMIC HISTORY**

**MEDICAL SCHOOL**

Name of Institution & Location	Dates Attended From/To (Month/Year)	Degree	Date Awarded or Expected

**COLLEGE OR UNIVERSITY**

Name of Institution & Location	Dates Attended From/To (Month/Year)	Major Field of Study	Degree	Date Awarded

**Extracurricular Activities (including community, athletics, work, awards, etc.):** \_\_\_\_\_

**List college academic awards, honors and fellowships** \_\_\_\_\_

**Medical Program Application (Page 2)**

**Names and addresses of two references:**

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**MEDICAL PROGRAM APPLICATION MUST BE ACCOMPANIED BY:**

- (1) **Statement of current standing in Medical School;**
- (2) **Copy of College Transcript;**
- (3) **Two (2) letters of recommendation re: research aptitude or experience;**
- (4) **Letter from student.**

**MAIL TO:**

Blanca Amoros, M.Ed., CPL  
Program Coordinator  
UPR-MDACC Training Program  
Deanship for Student Affairs  
PO Box 365067  
San Juan, PR 00936-5067  
Phone: 787-758-2525 Ext. 5209 or 5210  
blanca.amoros@upr.edu

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**VOLUNTARY INFORMATION**

**Date of Birth (MM/DD/YY)** \_\_\_\_\_ **Sex: Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Please indicate your ethnic origin:**

<b>American Indian/Native Alaska</b>	_____	<b>Asian/Pacific Islander</b>	_____
<b>Black, Non-Hispanic Origin</b>	_____	<b>Hispanic</b>	_____
<b>White</b>	_____	<b>Other</b>	_____

**Are you, or have you even been, in the armed forces of the U.S.? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, branch** \_\_\_\_\_ **Dates of Service: From** \_\_\_\_\_ **to** \_\_\_\_\_

**What languages do you read, write, speak?**

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