



The University of Texas Health Science Center at San Antonio –
Dental School

COSTAR

Craniofacial Oral-Biology Student Training in Academic Research
Application for Support for the DDS/PhD Program of COSTAR
<http://dental.uthscsa.edu>

Date of Application: _____

Legal Name (First/Last): _____

Complete Mailing Address: _____

Email Address: _____ Phone Number: _____

Date of Birth (MM/DD/YY): _____ F M Place of Birth: _____

U.S. Citizen? Yes No If No, Country of Citizenship: _____

(ONLY US citizens or Resident Aliens are eligible to apply for COSTAR support)

Are you a Permanent US Resident? Yes No

Race/Ethnicity (Required by NIDCR/NIH): American Indian/Alaskan Native Asian/Pacific Islander
Black (Not Hispanic Origin) Hispanic White (Not Hispanic Origin) Other _____

Degree Objective MUST be PhD, Choose Program:

Department: Biochemistry Microbiology Cellular & Structural
Biology Pharmacology Physiology

IMGP Track: _____ Year in Program: _____

Have you passed the qualifying examination for candidacy? Yes Date: _____

No If No, when do you expect to take the examination? _____

List the names and/or office phone numbers of your mentor and the Dissertation Committee member you have asked to submit a Recommendation Form/Letter.

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Applicant: _____ Date: _____