



**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  
COSTAR (<http://dental.uthscsa.edu/COSTAR/>)**

1. Social Security Number: \_\_\_\_\_
2. Date of application (no later than January 29 for consideration the next academic year): \_\_\_\_\_
5. Legal Name (first/last) \_\_\_\_\_
6. Complete Mailing Address: \_\_\_\_\_
7. Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_
6. Date of Birth (MMDDYY): \_\_\_\_\_ M/F \_\_\_\_\_ Place of birth: \_\_\_\_\_
7. U.S. Citizen?  Y  N If no, country of citizenship \_\_\_\_\_ Permanent Resident no. \_\_\_\_\_  
(Only US citizens or resident aliens are qualified to apply for COSTAR support.)
8. Legal Resident of Texas?  Y  N Country of residency: \_\_\_\_\_
9. Permanent Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_
10. Race/Ethnicity (required by NIDCR/NIH):  American Indian/Alaskan Native,  Asian/Pacific Islander,  
 Black (not Hispanic origin),  Hispanic,  White (not Hispanic origin),  Other
11. List the names and contact information for three individuals who you have asked to submit a Letter of Recommendation.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
12. Date of acceptance to UTHSCSA Dental School \_\_\_\_\_  
Date of acceptance to UTHSCSA Graduate School of Biomedical Sciences \_\_\_\_\_  
UTHSCSA GSBS Department \_\_\_\_\_
13. \_\_\_\_\_  
Signature of Applicant