Vision Training Program Post-Doctoral Application Checklist

Name: _____
Last (Family or Surname), First Middle

Stanford University affirms strongly its practices, policies, and purposes for affirmative action.

Ethnic self-description (optional):

☐American Indian ☐African American

☐Asian/Pacific Islander ☐Caucasian ☐Hispanic

This program is particularly interested in encouraging applications from the following groups (check all that apply):

☐ Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis.

☐ Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

☐ Individuals from disadvantaged backgrounds who are defined as either individuals who come from family with an annual income below established low-income thresholds or individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Return this form with your application in order to indicate which credentials you are enclosing. Give the date you have requested any credentials which do not accompany your application. We will notify you that your application is complete when all required credentials are test scores have been received.

Official Use Only

☐Application form (last page must be signed) ☐Transcript ☐Research Plan

☐Letter of Recommendation 1) _____ (date requested) _____

2) _____ (date requested) _____