

BIOLAB PROGRAM: VISITING RESEARCH GRADUATE TRAINEESHIP PROGRAM

Consortium of the University of Virginia, University of Chicago, University of Texas Southwestern
Medical Center and Oklahoma Medical Research Foundation

(Please Type All Information)

This form is to be used only by graduate students enrolled in the graduate school of an accredited college or university in Poland desiring to participate in the BioLAB Program in the USA in one of the Institutions of the Consortium, and who intend to return to the graduate school in which they are working toward an advanced degree.

Applicants will be required to submit a transcript of their credits, and should ask their course or thesis advisor and the dean of their graduate school to complete the following form:

To be completed by applicant:

Date

1. Name _____ student identification number #

_____ *Last First Middle*

2. Home Address _____
Street

_____ *City Country Zip*

To be completed by Course Advisor and Graduate Dean of Applicant's Home Institution:

_____ is a graduate student at

_____ In the Department of _____

and is in good standing.

The above request is recommended for approval.

Advisor _____ Date _____

Graduate Dean _____ Date _____