

UTHealth - Office of Postdoctoral Affairs Postdoctoral / Research Fellow Data Form

Please complete all information and return to the Office of Postdoctoral Affairs within one week of your appointment

Personal Information	
First Name	
Middle Name	
Last Name	
Phone Number	
Email Address	
Local Street Address	
City	
Zip Code	
Required Reporting Information	
US Citizen (Y/N)	
If No:	
Country of Citizenship	
Current Visa Type	
Visa Expiration Date	
Birth Month	
Birth Day	
Birth Year	
Place of Birth	
Do you consider yourself Hispanic/Latino (Y/N)	
Ethnicity *	
Gender	
Marital Status	
Institutional Information	
Faculty Mentor	
Area of Research	
Lab Address	
Lab Phone Number	
Source of Funding	
Educational Information	
Degree (MD, DO, PhD, MD/PhD, Other-specify)	
Doctoral Institution	
Graduation Date	
Masters/Other Institution	
Graduation Date	
Undergraduate Institution	
Graduation Date	
Previous Postdoc Appointments	
Institution	
Dates of appointment	
Faculty Mentor	
Area of Research	
Institution	
Dates of appointment	
Faculty Mentor	
Area of Research	

* White, Black/African American, Asian, American Indian/Native American, Native Hawaiian or Other Pacific Islander