

TB RESEARCH AND MENTORING PROGRAM Application Form

Instructions: Please send this form by email to TBRAMP@ucsf.edu along with the other required documentation for application.

Name: _____

Pronouns: _____

Email: _____

Degree: _____

Affiliation:

Please, select one.

School/Department: _____

Position Title: _____

Primary Mentor: _____

Citizenship: _____

Permanent Resident: _____

Time spent in research (%): _____

Time spent in clinic (%): _____

The following items ask about demographic information. Your responses will help us describe participants as a group. If you prefer not to answer any of the following questions, you may leave them blank.

Race/Ethnicity (select all that apply):

- African American/African/Black
- American Indian/Native American/Alaskan Native
- Asian/Asian-American
- Latinx/Chicanx/Hispanic
- Middle Eastern
- Pacific Islander

- White / Caucasian
- Multi-racial/Mixed
- Other (please specify)

Gender Identity:

Please, select one.

How did you hear about this program?

Please, select one.