Nutritional Sciences

RESEARCH ASSISTANTSHIP APPLICATION

Department of Pharmacology & Nutritional Sciences University of Kentucky
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900 South Limestone St.
Lexington, Kentucky 40536-0200

Name: _____
(Last) (First) (Middle)

Phone: _____ E - Mail Address: _____

Briefly describe any work experience (research, laboratory work, nutrition-related activities) relevant to this application.

_____
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_____

List any Academic Honors, including Fellowships:

_____
_____
_____
_____

Research Publications (list title, authors, and date and journal citations). Use an additional sheet, if necessary.

_____
_____
_____

List any Nutritional Sciences Faculty with whom you have consulted or corresponded.

_____
_____
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_____

List any Nutritional Sciences Faculty whose research is of interest to you:

_____
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I hereby certify that the above information is complete and accurate.

Applicant Signature: Date:

This form should be included with your application to the ApplyYourself application website:
https://app.applyyourself.com/AYApplicantLogin/fl_ApplicantConnectLogin.asp?id=ukgrad