



# UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

## POST DOCTORAL & RESEARCH FELLOW DEMOGRAPHIC & CONTACT INFORMATION

*\*\*This form is to be completed by FELLOWS only.  
Demographic information is collected and used solely by the Dean's Office for required reporting only"*

Given/First Name

Middle Name or Initial

Last/Family Name

**Professional name, if different from above (will appear only in SOM fellow profile)**

Given/First Name

Middle Name or Initial

Last/Family Name

Date of Birth

Gender

Race

U.S. Citizenship Status

**If a Visa Holder:**

Visa Exp.\*

\*enter **pending** if expiration  
date is not provided

mm/dd/yyyy

Email Address (UMB email preferred)

### **For Post- Doctoral Fellows ONLY:**

Name of institution at which you completed your terminal doctoral degree( e.g. PhD and/ or MD):

Total number of accepted publications, as of date of hire:

Total number of first author accepted publications, as of date of hire: