



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\*\**

Last Name \_\_\_\_\_

First & Middle Name/Initial \_\_\_\_\_

|   |
|---|
| <p><b>Professional Name, <i>if different from above</i></b> (will appear only in faculty profile)</p> <p>Last Name _____</p> <p>First &amp; Middle Name/Initial _____</p> |
|---|

Email Address (UMB email preferred) \_\_\_\_\_

UMB Campus Mailing Address \_\_\_\_\_

Race \_\_\_\_\_

Personal Pronoun \_\_\_\_\_ Gender Identity \_\_\_\_\_

\*Description of options: <https://www.umaryland.edu/diversity/resources/sexual-identity-and-gender/>

Date of Birth \_\_\_\_\_ U.S. Citizenship Status \_\_\_\_\_

Visa Exp.\* \_\_\_\_\_ \*enter **pending** if expiration date is not provided  
mm/dd/yyyy

**For Post- Doctoral Fellows ONLY:**

Name of institution at which you completed your PhD degree:

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

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