



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

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: