

University of Alabama at Birmingham Office of Postdoctoral Education
SHEL 171, 1825 University Boulevard
Birmingham, AL 35294-2182
Telephone: (205) 975-7020, Fax: (205) 934-1564

Postdoctoral Scholar Personal Data Form

Please fill out the following information by placing a check in the appropriate boxes and filling in the blanks. When you are finished, sign and date at the bottom of the page and return to our office.

Personal Information

First Name: _____ Last Name: _____
Blazer ID: _____ Date of Birth: _____
VISA Type: F-1 J-1 H-1B Country: _____ Expiration date: _____

Lab/Campus Mailing Address

Department: _____ Building: _____ Room #: _____
Telephone: _____ Campus E-mail: _____

Home Mailing Address

Street: _____ Apartment: _____
City: _____ State: _____ Zip: _____ Home phone or cell phone: _____

Education Highest degree(s) attained (Please list information for both degrees, if appropriate)

M.D. Ph.D. Other (Please indicate, i.e., DDS, DMD, DO, etc) _____
Degree: _____ Year awarded: _____ Subject/Specialty: _____
University: _____ Country: _____
Degree: _____ Year awarded: _____ Subject/Specialty: _____
University: _____ Country: _____

Postdoctoral Experience (How many years of postdoctoral training have you completed at UAB and other Universities?)

Total Years: _____ How many previous postdoctoral positions have you held? _____
Last Department: _____ Last Institution: _____
UAB Postdoctoral starting date: _____

Current Mentor

Name: _____ Department: _____
Lab address: _____ Telephone: _____

Recruitment: (How were you recruited to your current postdoctoral position?)

Advertisement (Journal name: _____) Recommended to mentor UAB Web site
 Other: _____

Career Goals (What are your career goals upon completion of your current appointment?)

Academic Research Industry Other _____

Postdoc's Signature: _____ Date: _____
Mentor's Signature: _____ Date: _____

Copy of Ph.D./M.D. degree is on file in the Office of Postdoctoral Education