

**AITRP Fogarty Fellow Interview Application Form**  
**Dartmouth Medical School/Boston University School of Public Health**

First (Given) Name \_\_\_\_\_ Middle Initial(s) \_\_\_\_\_

Last (Surname) Name \_\_\_\_\_

Current Position \_\_\_\_\_

Nominated by \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_

Degree of interest: ( ) MPH ( ) PhD ( ) DSc ( ) Post-doctoral research

What are your current areas of research/interest?

What is your previous experience in research?

What is your educational background? Include relevant coursework/training.

If accepted, how would you apply the degree training to your current (or future) position?

Date \_\_\_\_\_ (dd/mm/yy)