

New York University School of Medicine Housing Applicant Questionnaire

Dear Housing Applicant,

NYU School of Medicine allocates housing as available to basic science post-doctoral fellows based primarily on the date of receipt of application for housing. However academic and organizational considerations will be taken into account. To help us in the decision process we ask that you complete this questionnaire (additional copies of which are available at: <http://www.med.nyu.edu/sackler/postdoc/housing.html>). **CVs are not acceptable; you must complete the questionnaire for consideration.** A committee of faculty will review the information and will assist the Housing Office in allocating housing. Please attach this completed form to your housing application and return them to:

Housing Office
New York University Medical Center
339 East 28th Street
New York, NY 10016
Phone: 212-263-5025, Fax: 212-263-7500

Name: _____ Arrival Date at NYU: _____
Given name Family Name

Your e-mail address: _____ NYU Supervisor: _____

Biographical details:	School	Advisor	Dates (Attended)
Graduate Studies (indicate PhD or MD)			FROM Month: _____ Year: _____ TO Month: _____ Year: _____
PhD Conferred			Month: _____ Year: _____
Previous Post-Doctoral or Work Experience since Graduate School			FROM Month: _____ Year: _____ TO Month: _____ Year: _____

Publications: List your most significant peer-reviewed publications from journals that are available through Medline or Pubmed (do not list abstracts). Use the following format and underline your name. List all authors:

(Example: DeSimone, S., Coelho, C., Roy, S., VijayRaghavan, K., and White, K. (1996). ERECT WING, the Drosophila member of a family of DNA binding proteins is required in imaginal myoblasts for flight muscle development. Development 122, 31-9.

Awards: List your most important awards and honors, the years they cover(ed) and the sum in US dollars awarded per year, if applicable.

(Examples:

Howard Hughes Minority Scholarship,	1997-2001	\$13,000 / year)
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Applicant's name: _____
Given Family

Special Considerations: List here any special considerations you want the committee to be aware of.
(e.g. physical disability, special needs of dependents):