

AFFILIATE APPLICATION FORM

Name: _____ Dept: _____

Title: _____ College: _____

Phone: _____ Email: _____

Lab Website: _____ Office Location: _____

Attachments

Please attach the items on this checklist.

NIH Biosketch

Submission Instruction:

Save the completed form and attach it to an email.

Email to:

HEALTHrcmi@central.uh.edu Subject Line: RCMI Affiliation _ Last Name

The HEALTH Center for Addictions Research and Cancer Prevention will not process incomplete forms. Please fill out all fields and attach NIH Biosketch.



AFFILIATE APPLICATION FORM

Research

Interests

Please provide
3-5 bullet points
that capture your
areas of research

Fit with the

NIMHD-RCMI

Please detail – in 500
words or less – how
your research interests
align with the mission
of the HEALTH
Center for Addictions
Research and Cancer
Prevention

