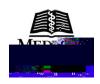
other researcher's



## Medical College of Wisconsin, School of Graduate Studies Application for The Guy Berst Menorial Training Avend for Advancing Scientific Training

NemeofStuketApplicat:		
DegreeBeirgRusted	Expected Date of Graduation	
Naneof Faculty Sporsor and Department of Primary Appointment:		
Leighoftinespathystubitati	isvalshparkbaztay:	
Location of Training		
Date(s) of Training		
RequiredSignatures		
Applicant		
Advisor:		
Department Chair:		
Department Administrator:		

## Please provide the following vith this application

- Proof of acceptance for scientific training or workshop
- Essay 1,000 wards ar less describing the following
  - o Aueyouattendingascientificvollshopervisitingalaboratory fortraining?
  - o Wnedbyouplantotaxel foryortaining even?
  - o Whodsycuplantoreceive training from? (specific individual, asociety, crateamof scientists, etc.)
  - o Watis the scientific area of focus for your taining event?
  - o What impact will attending this training even the weary our thesis project/dissertation progression and/or career development?

Pleaseenail therequired naterials to the Graduate School (graducted@newed) by June 30<sup>th</sup>