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**PhD in Biomedical Informatics**

**Application for Graduate Assistantship**

A limited number of graduate assistantships will be available for students who have been admitted to the Ph.D. in Biomedical Informatics. The University of Nebraska at Omaha adheres to the equal employment opportunity guidelines set forth by state and federal laws. The information contained on this form and in other application materials is sought in good faith and will not be used in any way to discriminate against any applicant on the basis of race, religion, national origin, age, disability, or gender.

**INSTRUCTIONS TO APPLICANT.** Please fill out, sign, and date the form, and send or fax it to:

Dr. Dhundy (Kiran) Bastola, PhD in BMI Doctoral Program Chair, PKI 173A, UNO, 6001 Dodge Street, Omaha, NE 68182-0116 USA. Phone: +1 402 554 4899; Fax +1 402 554 3284.

**PLEASE PRINT LEGIBLY.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Last, First, Middle Initial

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 City, State, Postal Code, Country

Home Telephone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term for which you have applied to the Ph.D. program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for a graduate assistantship and certify that all information provided is accurate to the best of my knowledge and that I am \_\_\_/am not \_\_\_ a citizen of the United States. I understand that any falsification on this form or other application materials can be cause for termination and authorize and request each and every former employer, person, firm, or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I understand my rights are protected as prescribed by law.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_