

Cancer Prevention and Control (CAPAC) Research Training Program Information and Application Packet

**Application Deadline: February 15, 2021
Must Be Emailed NO LATER THAN: February 15, 2021 at 11:59 pm (AST)**

(We recommend requesting reference letters well in advance of the deadline)

The Cancer Prevention and Control (CAPAC) Research Training Program is led by Dr. Ana Patricia Ortiz and Dr. Guillermo Tortolero-Luna, of the University of Puerto Rico Comprehensive Cancer Center (UPRCCC), San Juan, Puerto Rico, with support from the National Cancer Institute (NCI) grant (1R25CA240120-01).

Visit us at <http://www.cccupr.org/programas/capac-training-program/>

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PROGRAM OVERVIEW

Research being performed in Puerto Rico provides an opportunity to advance knowledge of cancer risk, and cancer prevention and control among Hispanic and non-Hispanic populations in the United States (US).

The Cancer Prevention and Control (CAPAC) Research Training Program at the Division of Cancer Control and Population Sciences of the University of Puerto Rico Comprehensive Cancer Center (UPRCCC) aims to increase the pool of master's degree graduates and other health professionals to pursue a doctoral degree and/or a career in cancer prevention and control research with a focus on Hispanic health and health disparities. The long-term goal of this Program is to contribute to the development of the next generation of successful cancer control researchers with a cultural sensitivity to the Hispanic population.

The program will recruit participants from all racial/ethnic groups and cultural backgrounds to participate in a hands-on research experience in a Hispanic population and cultural environment. Participants will be matched to a mentor based on their research interest in basic, clinical, and population-based research.

Overall, 25 participants will be recruited every year to the program. This 10-week full-time research experience will be scheduled for every summer; activities will include their participation in a research project and complementary educational and professional skill building activities. Upon application and evaluation of the request, the program will support a maximum of 10 participants to extend their research experience for up to 15 weeks. The official languages of the program will be English and Spanish.

What can the CAPAC Research Training Program offer to its Participants?

The CAPAC Research Training Program will provide a research experience in health disparities research in a Hispanic underserved population. Having a scientific experience in Puerto Rico will give participants access to research topics of particular relevance in this population, including social determinants of cancer (e.g. socioeconomic status, type of health insurance, and geographic residence), infection related cancers, and quality and outcomes of cancer care, among others. The program will also expose participants to the Puerto Rican/Hispanic culture and cancer control activity in the island. This research experience will not only increase their knowledge of cancer prevention and control among Hispanics, but also will increase their skills in conducting research in Hispanic populations. Furthermore, CAPAC will prepare participants with the necessary skills to advance their careers in cancer prevention and control. The program represents an opportunity to contribute to the development of the next generation of cancer prevention and control professionals and to improve the health of the Hispanic population.

TIMELINE

November 2, 2020	Application period starts
February 15, 2021 (11:59 pm AST)	Application period ends (final due date)
February 16 - March 14, 2021	Class of 2021 selection process
March 15, 2021	Applicants are informed of application status
June 1, 2021 - August 6, 2021	CAPAC Research Training Program (10 wks.)
June 1, 2021 - September 10, 2021	CAPAC Research Training Program (15 wks.)

REQUIREMENTS FOR APPLICANTS

Successful applicants must comply with the following requirements:

- Master level graduate students (from public health or biomedical sciences programs)*, Health professional students (i.e. Medicine, Pharmacy, Nursing, etc.)*, or persons that have recently graduated from any of these programs (within the past 12 months).
- ≥ 2.8 grade point average
- Two letters of recommendation
- Research experience
- Excellent written and communication skills in English
- Basic knowledge of Spanish language is highly recommended
- US citizen or US legal resident

*Students must have completed 1st year of master's program by the start of the CAPAC program. Current doctoral students or those already accepted into doctoral programs will not be eligible. The top 35 applicants will complete a telephone interview in English and Spanish, to assess their oral communication skills.

No Discrimination

The UPRCCC does not discriminate on individuals on the bases of sex, race, color, age, national origin, political or religious ideas, gender, gender identity or expression, pregnancy, civil status, sexual orientation, ethnic origin or because of being a victim or be perceived as a victim of domestic violence, sexual assault, sexual harassment or stalking. This policy complies with federal statutes under Title IX, as amended, and related the institutional policies of the UPRCCC.

LEADERSHIP

CAPAC is directed by Dr. Ana Patricia Ortiz (Program Director) and Dr. Guillermo Tortolero-Luna (Associate Director), investigators at the Division of Cancer Control and Population Sciences in the UPRCCC. A team of faculty from participating academic institutions is actively involved in all phases of planning and implementation.

RESEARCH EXPERIENCE

Participants will be matched, based on their experience and research interests, to researchers performing cancer prevention and control research in Puerto Rico. These researchers will be their mentors during their participation in the program, and will oversee the hands-on research experience of the participants. The primary site for student mentorship will be UPRCCC and UPR Medical Sciences Campus (UPR-MSU) (both located in the San Juan Medical Center, within walking distance of each other). Additional sites collaborating with the CAPAC Research Training Program include the University of Puerto Rico- Medical Sciences Campus (UPR-MSU), the University of Puerto Rico-Rio Piedras Campus (UPR-RP), Universidad Central del Caribe (UCC) in Bayamón-Puerto Rico and Ponce Health Sciences University (PHSU) in Ponce-Puerto Rico. The UPR-MSU is located in the same medical center as the UPRCCC, UPR-RP is located 10 minutes away (driving) from UPRCCC, UCC is located 30 minutes away (driving) from UPRCCC and PHSU is located 50 minutes away (driving) from UPRCCC. Only students that specify that they would be interested to perform research at UCC and PHSU will be assigned to mentors in these institutions.

APPLICATION INSTRUCTIONS AND CHECKLIST

Before submitting the application, please verify the materials against the checklist and **make sure that your name is placed on all documents** submitted.

- ☐ CAPAC Research Training Program application form
- ☐ Official undergraduate and graduate academic transcripts
- ☐ Two letters of recommendation from faculty member or research mentor
- ☐ Resume or Curriculum vitae
- ☐ A 1-page essay in English, narrative form, single-spaced, 11-point Arial font and 1-inch margins. In the essay, applicants will describe their:
 - o 1) research interests, 2) long-term goals, and 3) how these are relate to cancer prevention and control research

An application cannot be evaluated unless ALL the necessary documents above are received. In order to be eligible for selection, all application materials have to be **emailed NO LATER THAN February 15, 2021 at 11:59 pm (AST) to capac@cccupr.org. Faxed/mailed applications will not be accepted.**

PROGRAM ACTIVITIES

The program will consist of the following activities:

- **Orientation day**
The Program will start with a one-day orientation for the students and the administration of baseline evaluation surveys.
- **Hands-on research experience**
Students will be matched to a mentor based on their research interest in cancer prevention and control research.
- **Educational activities**
Participants will engage in a program that will include seminars and workshops that have been tailored to strengthen their professional and research skills.
- **Scientific Day**
At the end of the summer program, participants will present, in poster format, their work in a scientific day. This activity will provide an opportunity for participants to socialize and network with faculty members and researchers, residents, clinical and research fellows, and students from the participating institutions.
- **Tracking and follow-up:**
Participants will be required to complete an exit evaluation survey and commit to participate in follow-up surveys in order to track and document their status and progress toward their scientific productivity, academic and career development.

STUDENT STIPENDS

Travel. Up to \$600 will be available for travel expenses of participants outside Puerto Rico. This funding will cover round-trip air transportation of participants to Puerto Rico and back to their home.

Housing. Participants will receive a housing allowance for up to \$1,000 to partially cover housing expenses. This incentive will be available to all participants. Participants will be responsible of their housing arrangements, although recommendations will be provided by the Program.

Research and education. Up to \$1,000 per participant will be available for research and education expenses (for example, laboratory materials, publication costs).

Subsistence. Students will receive an incentive of \$15 per hour (40 hours per week) for their summer work.

Cancer Prevention and Control (CAPAC) Research Training Program APPLICATION FORM

Application Summary

Appointment Type: Research

Academic Year:

Date Submitted:

APPLICANT INFORMATION	
<i>Last</i>	<i>First</i> <i>Middle</i>
Applicant Name:	
Maiden Name:	
Mother's Maiden Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth: ____/____/____ (MM/DD/YYYY)	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Legal US Resident. If yes, are you authorize to <input type="checkbox"/> work and/or <input type="checkbox"/> study in the US?	
Current Mailing Address:	
Permanent Mailing Address (if different from current mailing address):	
Daytime Telephone: ()	Evening Telephone: ()
Email address:	
<p>Are you Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Racial/Ethnic Background: (Please circle/check all that apply)</p> <p>Black/African heritage (please specify: _____)</p> <p>American Indian/Alaska Native (please specify: _____)</p> <p>Asian (please specify: _____)</p> <p>Hispanic/Latino (please specify: _____)</p> <p>Native Hawaiian/Other Pacific Islander (please specify: _____)</p> <p>White (please specify: _____)</p> <p>More than one race (please specify: _____)</p> <p>Other (please specify: _____)</p>	

PERSON PROTECTED WITH SPECIAL LEGISLATION	
Do you need a reasonable accommodation? ____ No ____ Yes	
CONTACT INFORMATION	
Full Name:	
Telephone:	Mobile:
Relationship:	Email:

EDUCATION INFORMATION	
Please select one: I am a ____ Current master's student (from public health or biomedical sciences programs) ____ Health professional students (i.e. Medicine, Pharmacy, Nursing, etc.) ____ Recent graduates from any of these programs within the past 12 months	
Name of current or previous School:	
City:	State:
Graduate degree and program:	
Faculty Advisor Name:	
Projected/Actual Graduation Date (MM/YYYY):	
Current/Final GPA:	

INSTITUTION (BACHELOR DEGREE)	
Name of school:	
City:	State:
Graduate degree and program:	
Graduation Date (MM/YYYY):	
Current/Final GPA:	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
Location:	
Institution Type: ____ Institution of Higher Education ____ Private Institution ____ Government ____ Non-profit organization ____ Other, specify: _____	
Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if ____ employment or ____ research experience.	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
Location:	
Institution Type: ___ Institution of Higher Education ___ Private Institution ___ Government ___ Non-profit organization ___ Other, specify: _____	
Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if _____ employment or _____ research experience.	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
Location:	
Institution Type: ___ Institution of Higher Education ___ Private Institution ___ Government ___ Non-profit organization ___ Other, specify: _____	
Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if _____ employment or _____ research experience.	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
Location:	
Institution Type: ___ Institution of Higher Education ___ Private Institution ___ Government ___ Non-profit organization ___ Other, specify: _____	
Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if _____ employment or _____ research experience.	

ACADEMIC AWARDS AND HONORS
Award Title:
Award Institution:
Issue Date:
Award Title:
Award Institution:
Issue Date:
Award Title:
Award Institution:
Issue Date:

ADDITIONAL DEMOGRAPHICS, RESEARCH INTERESTS AND FUTURE PLANS

DEMOGRAPHICS
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Please specify proficiency of Secondary Language: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Mother's Highest Academic Degree:
Father's Highest Academic Degree:
Are you the first individual in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the first individual in your family to graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU HEAR ABOUT THE CAPAC RESEARCH TRAINING PROGRAM?
Mark all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Printed Flyer <input type="checkbox"/> Research mentor <input type="checkbox"/> Graduate faculty/student representative (please specify: _____) <input type="checkbox"/> CAPAC's website <input type="checkbox"/> Advertisement in my academic institution (i.e. email/flyer) <input type="checkbox"/> Internet/Website/email (please specify: _____) <input type="checkbox"/> CAPAC staff (please specify: _____) <input type="checkbox"/> Acquaintance/friend/family member <input type="checkbox"/> Other (please specify: _____)

RESEARCH INTERESTS								
Do you want to be considered for the extended 15 weeks program of CAPAC? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>Would you like to be considered to perform research at (mark all that apply):</p> <p><input type="checkbox"/> Primary site (UPRCCC and UPR-MSU) <input type="checkbox"/> UPR-Rio Piedras Campus</p> <p><input type="checkbox"/> UCC (Bayamón-Puerto Rico) <input type="checkbox"/> PHSU (Ponce-Puerto Rico)</p>								
<p>What type of research in Cancer Prevention and Control would you be interested in pursuing during your participation in the CAPAC Program? (Mark all that apply)</p> <p><input type="checkbox"/> Population-based research <input type="checkbox"/> Basic sciences <input type="checkbox"/> Clinical/translational research</p> <p><input type="checkbox"/> No preference</p>								
<p>Is there any mentor within the CAPAC Program which whom you would be interested to work with during your participation in the CAPAC Program (list a max of 3 mentors):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>								
LETTERS OF RECOMMENDATION								
<p>Please provide letters of recommendation from two faculty members or research mentors, stating their support for the student as a qualified candidate for CAPAC Research Training Program (see Recommendation Form). If unable to obtain both letters from faculty, one letter may be from an individual who can comment on applicant's academic potential. List names, addresses and telephone numbers below and enclose two letters of recommendation.</p>								
<p>Recommender: 1</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Position/Title:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Phone Number: ()</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email:</td> </tr> </table>	Name:	Position/Title:	Address:		Phone Number: ()		Email:	
Name:	Position/Title:							
Address:								
Phone Number: ()								
Email:								
<p>Recommender: 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Position/Title:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Phone Number: ()</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email:</td> </tr> </table>	Name:	Position/Title:	Address:		Phone Number: ()		Email:	
Name:	Position/Title:							
Address:								
Phone Number: ()								
Email:								

Disclosure

Acknowledgement

I understand that all application material submitted to University of Puerto Rico Comprehensive Cancer Center (UPRCCC) becomes the property of UPRCCC and is not returnable. I understand that the information submitted herein will be relied upon by UPRCCC to determine my qualifications and eligibility for training. I authorize UPRCCC to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission to the CAPAC Program at UPRCCC. I agree to notify the proper UPRCCC officials of any changes in the information provided. I certify that the information in the application is complete, correct, and not misleading to the best of my knowledge and belief. I acknowledge the submission of any false, incomplete, or misleading information is grounds for rejection of my application.

Applicant Initials: _____

Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide UPRCCC (or its designee) with information requested by UPRCCC to verify the information I have provided in this application and to determine my qualifications and eligibility for training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing same.

Applicant Initials: _____

SIGNATURE OF FACULTY ADVISOR

As faculty advisor to the applicant, I certify that the candidate is a current student or a recent graduate of a master's degree health program. I endorse the applicant as a qualified candidate for the *Cancer Prevention and Control (CAPAC) Research Training Program*. **(For recent graduates only:** Please submit a copy of Master's degree in lieu of faculty signature).

print/type

name signature

date

SIGNATURE OF APPLICANT

By signing below, I certify that I am eligible to apply to the *Cancer Prevention and Control (CAPAC) Research Training Program*. To the best of my knowledge, the information I have provided in this application is complete and accurate.

print/type

name signature

date

ALL APPLICATION MATERIALS MUST BE EMAILED NO LATER THAN FEBRUARY 15, 2021 at 11:59 pm (AST), TO THE FOLLOWING EMAIL ADDRESS: capac@cccupr.org
Faxed/mailed applications are NOT accepted.

For more information, contact CAPAC staff members:

Ana Patricia Ortiz, MPH, PhD
Program Director
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787-772-8300 ext. 1204

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Associate Director
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Mirza Rivera, MS, MT
Research Evaluator
Email: mirza.rivera@upr.edu
787-772-8300 ext. 1138

**Cancer Prevention and Control (CAPAC) Research Training Program
APPLICATION**

RECOMMENDATION FORM

Please type or print clearly

The individual submitting this form is applying for the Cancer Prevention and Control (CAPAC) Research Training Program, a program that aims to increase the pool of master's degree graduates and other health professionals to pursue a doctoral degree and/or a career in cancer prevention and control research with a focus on Hispanic health and health disparities. The long-term goal of this Program is to contribute to the development of the next generation of successful cancer control researchers with a cultural sensitivity to the Hispanic population. The CAPAC Program will increase participants' understanding of the spectrum of cancer prevention and control research, strengthen their skills in cancer research, and also will impact increase their skills in conducting research in Hispanic populations.

Please provide an assessment of the applicant by completing this form. **In order for an application to be reviewed, the recommendation form must be emailed NO LATER THAN February 15, 2021 (11:59 pm AST) to the following email address capac@cccupr.org. Program selection is determined by applicant information and recommendations.** (*Faxed/mailed recommendations are NOT accepted*)

<small>Last</small>	<small>First</small>	<small>Middle</small>
Applicant's Name:		

In accordance with the Family Education Rights and Privacy Act of 1974, the applicant may waive his/her right to inspect the recommendation by signing the statement below. This waiver is not required as a condition for selection to the Cancer Prevention and Control (CAPAC) Research Training Program.

"I hereby waive my right of access to this information and release UPRCCC to contact this recommender with regard to my application for the Cancer Prevention and Control (CAPAC) Research Training Program."

Print/type

applicant's name

applicant's signature date

Recommender's Name:	
Credentials:	Position/Title
Institution:	
Address:	
Telephone:	Fax:
E-mail Address:	

Part A Please evaluate the applicant using the following criteria and scale.
On a scale of 1 to 5: 1 = poor, 5 = exceptional.

	Unable to Evaluate 0	Poor 1	2	Average 3	4	Exceptional 5
1. Has vision: open to new ideas and possibilities						
2. Is motivated to advance a career in research						
3. Is organized: in thinking and methodology						
4. Manages competing priorities						
5. Works well under pressure						
6. Is a respected member of peer groups						
7. Works well with diverse groups of people						
8. Assumes initiative						
9. Assumes responsibility						
10. Writes and speaks effectively						
11. Has potential to attain a doctoral degree						

Part B

In the space below or in an attached letter, describe the nature of your relationship to the applicant. Evaluate the applicant's academic aptitude and potential for a career in cancer control research; potential motivation for the pursuit of a doctorate; and present academic performance in his/her area of concentration. Provide an example that illustrates the applicant's skills and potential commitment to applying to a doctoral program in a field related to Hispanic/Latino health disparities including cancer control research. Also, what would you describe as the main barrier for this applicant to successfully apply to a doctoral program? What are the applicant's personal and/or academic strengths and weaknesses?

(If responding on a separate paper, place the applicant's name in the upper right hand corner.

Please limit responses to 300-500 words).

By signing below, I certify that the information I have given regarding the applicant is complete and accurate.

print/type name and title

signature

date

**Cancer Prevention and Control (CAPAC) Research Training Program
APPLICATION**

RECOMMENDATION FORM

Please type or print clearly

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Print/type

applicant's name

applicant's signature date

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Institution:	
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Telephone:	Fax:
E-mail Address:	

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4. Manages competing priorities						
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9. Assumes responsibility						
10. Writes and speaks effectively						
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Part B

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Please limit responses to 300-500 words).**

By signing below, I certify that the information I have given regarding the applicant is complete and accurate.

print/type name and title

signature

date