

**THE FOUNDATION FOR PSYCHOCULTURAL RESEARCH
POSTDOCTORAL FELLOWSHIP
IN INTERDISCIPLINARY STUDIES OF CULTURE AND NEUROSCIENCE**

APPLICATION COVER SHEET

Requested support activation date: _____ Requested duration of support: _____
Month/Day/Year Number of years

APPLICANT'S NAME :

Title First name M.I. Last name

DOCTORAL DEGREE(S) AND DATE(S) RECEIVED : _____
Degree Date received (M/D/Y)

Degree Date received (M/D/Y)

TITLE OF THE PROPOSED RESEARCH PROJECT :

PRIMARY SPONSOR'S NAME : _____

INSTITUTION : _____

SECONDARY SPONSOR'S NAME : _____

INSTITUTION : _____

LETTERS OF RECOMMENDATION FROM :

1 _____
Name Institution

2 _____
Name Institution

**SECTION ONE
PROJECT INFORMATION**

PROJECT TITLE:

RESEARCH SITE/S:

SPONSORING INSTITUTIONS AT UCLA:

Primary Institution

Primary Sponsor's name: _____

Project: _____

Secondary Institution

Secondary Sponsor's name: _____

Project: _____

SECTION TWO
INSTITUTIONAL CERTIFICATIONS

SPONSORING INSTITUTION PLEASE COMPLETE THE FOLLOWING:

THE PROPOSAL INVOLVES:

A. HUMAN SUBJECTS:

If yes: Exemption No. or Assurance of Compliance No. _____

B. VERTEBRATE ANIMALS :

If yes: Animal Welfare Assurance No. _____

C. RECOMBINANT DNA AND/OR OTHER NONEXEMPT BIOHAZARDS:

If yes: Assurance Compliance No. _____

Name and Title or IRB or Certifying Officer

Signature of IRB or Certifying Officer

PLEASE NOTE: signature required even if none of the items apply.

INSTITUTIONAL CERTIFICATION AND APPROVAL:

(Name of Sponsoring Institution)

(Name of Sponsoring Institution)

HEREBY CERTIFIES THAT:

(Fellowship Applicant's Name)

holds/will hold the position of:

at these institutions, and that the research described within this application will be conducted under the supervision of:

(Primary Sponsor's name)

(Secondary Sponsor's name)

of these institutions, and that this application for a postdoctoral fellowship has been reviewed and approved by the following institutions:

Administrative Officer's Signature

Administrative Officer's Signature

Name

Name

Title

Title

Address

Address

City, State, Zip

City, State, Zip

Tel.

FAX

Tel.

FAX

E-mail

Date

E-mail

Date

