



Innovation



Empowerment



Solutions

# HEALTH Research Institute

Helping Everyone Achieve a LifeTime of Health

## Affiliate Application Form

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Title: \_\_\_\_\_

College: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Lab Website: \_\_\_\_\_

Office Location: \_\_\_\_\_

### Research

#### Interests

2-3 sentences

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

**Fit with the**

**HEALTH  
Research  
Institute**

500 words

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

## Attachments

Please attach the items on this checklist.

NIH Biosketch

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## Submission Instruction:

Save the completed form and attach it to an email.

### Email to:

[hri@central.uh.edu](mailto:hri@central.uh.edu) Subject Line: Fellow Application Form\_Last Name

HRI will not process incomplete forms. Please fill out all fields and attach NIH Biosketch.

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