OU Health | Stephenson Cancer Center

Membership Application Form
(Please submit electronically)

Date of Application: _____

I.   General Profile

Name (first, middle, last):   _____

Degree(s):   _____

Current Institution: _____

Faculty Appointment Rank: _____

Campus address: _____

Telephone number: _____

Email address: _____

II.   Please briefly describe your current cancer research activities:

Please provide E-copies of the following along with your Application Form:

- *Curriculum Vitae* (up-to-date)
- NIH Biosketch (including an up-to-date list of publications)

Return this Application Form and related materials via email to:

Stephenson Cancer Center
Office of Cancer Research
Phone: 405-271-1878
Email: CancerResearch@ouhsc.edu

New Membership applications are reviewed quarterly (January, April, July, October). To be reviewed in the next cycle, applicants must have their materials submitted by the 1st day of the quarter (Jan. 1, April 1, July 1, Oct. 1). All applicants will receive a letter notifying them of the Review Committee's decision concerning membership status within 30 days of the application deadline.