Sample Format Table 3 for Non-Competing (Type 5) IMSD Grant Applications

Table 3 – Information of IMSD Program Participants

Grant Number: _____
Reporting Period: _____
Institution: _____
Program Director: _____

Program Participants Information

Student Name* (Last name, First name)	Phone	Email	UR* Group	UR[1] Group	Gender	Academic Status	Degree Pursue	Department / Program

*** NOTE:** Per program announcement: U.S. citizens or non-citizen nationals or permanent residents and must be matriculated full-time at the applicant institution

Instructions:
1. For each student, provide the text for the (name, phone, email, degree pursue and department) and click on each cell to select from the drop down list the appropriate answer for the other criteria.
2. If you need to add rows, copy any row within the table and paste it at the end of the table.

Coding:

1. UR* Group:

AA - African American
H - Hispanic
NA - Native Americans (including Alaska Natives)
NP - Natives of the U. S. Pacific Islands

2. UR[1] Group:

P - individuals from other underrepresented groups that the grantee institution's established written policies can convincingly demonstrate to be underrepresented in biomedical/behavioral sciences
D - individuals with dissabilities
DB - individuals from disadvantage backgrounds

2. Gender:

F - Female
M - Male

3. Academic Status

Undergraduate Freshman
Undergraduate Sophomore
Undergraduate Junior
Undergraduate Senior
Graduate PhD