



**THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER**  
**Certificate in Clinical Research Program / College of Graduate Health Sciences**



**ESSAY/GOAL STATEMENT**

In the space below, provide an essay (minimum 200 words) explaining why you are interested in this program and what you hope to achieve through participation in this program; describe your professional goals and how this program will enhance your future roles and activities:

**REFERENCES**

In the space below, please list two people who would recommend you for this program, who could confirm your capabilities for graduate academic work, and whom we may contact as references for you:

<u>Title (Dr., Mr., Ms.)</u>	<u>Full Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Position</u>
1.				
2.				

**SIGNATURE**

Please print name clearly and then add signature and date below:

\_\_\_\_\_  
Print Name of Applicant (First, Middle, Last)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date