

## **PDS Competitive Training Form AY21-22**

**Please note:** PDS will not fund any activities (conference, training, or research) that has started or ended before the notification date of the current PDS cycle. Please refer to the PDS Handbook for more information.

### **Training Proposal**

*Attach your proposal as a separate page. Address each item explicitly. Write no more than 1500 words.*

1. Provide a brief description of your research project and explain its significance.
2. Describe the skill or knowledge you seek to acquire with this support.
3. Explain why this skill/knowledge is necessary for your research project and for your progress towards the PhD.
4. Please provide a timeline of your project and a page outlining your budget clearly.
5. Indicate why you cannot use existing Emory resources to acquire this skill or knowledge.
6. Explain how the external sources of funding you have applied to (or plan to apply to) support your project. How will this funding affect/change your PDS application's budget?

\*Applications that do not address the above questions explicitly will be automatically denied.

All forms below are now fillable, electronically, if desired, using a PDF reader. This includes the signatures.

### **Good Standing**

*I certify that I am not on probation and am in good standing with my program and with the Laney Graduate School.*

**Student Signature:** \_\_\_\_\_

### **Public Health Guidelines**

*I affirm that I will be fully compliant with Emory University's COVID-19 [policies](#), including following the [Community Compact](#) at the time of my training and/or travel. I understand that the CDC recommends delaying travel until the traveler is fully vaccinated.*

**Student Signature:** \_\_\_\_\_

### **Faculty Advisor and Director of Graduate Studies Approval**

*This training activity is necessary for the student to receive the doctoral degree and cannot be undertaken without this additional support. I have read this application and believe that the student will accomplish the stated goal(s) through the proposed training activity.*

**Faculty Advisor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If applicable to your program:\***

**DGS Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*It is the student's responsibility to retrieve signatures from their DGS and Faculty Advisor. If your DGS or Faculty Advisor are unavailable please contact your program administrator (PA). \*Check with your PA regarding your program's signature requirement.*