UNIVERSITY OF MARYLAND UNIVERSITY COLLEGE
Cybersecurity Advanced Degree Fellowship (CADF) Program
Funded by Cybersecurity National Action Plan (CNAP) Investment in Expansion of CAE-C Education Programs

In order to be considered for the CADF program, you must fill in the information requested below and submit the application with the other required documents.

Last Name	First Name
E-mail Address **(required)**	
Street Address	

City	State	Zip

Are you a U.S. citizen? ☐Yes ☐No

(If you have answered 'no' to this question, please be advised that UMUC can only consider applicants who are U.S. citizens. Please take that into consideration before you complete this application.)

Phone #1	Phone #2	Fax
Home/Cell/Work	*Home/Cell/Work*	

Where did you learn about this opportunity?

Highest Degree	Field of Specialization
Month/Year Completed	Degree-Granting Institution (provide state or country of institution)

Thesis or Dissertation Title

List Other Education

Name of Institution (include state or country)	Dates Attended	Degree and Date Confirmed		Primary/Major
	to			
	to			
	to			

Teaching Experience (Please complete all items. Also note any online teaching experience.)

Course Taught	No. of Times Taught	Level (Grad or Undergrad)	Institution	Faculty/Teaching Assistant

Professional Experience Relevant to CADF Program

Employer	Position	Dates	
		From	To

Professional, Research, or Scholarship Activity (if any): Briefly describe any professional activity that you engage in, including any current position that you hold, any professional certification that you have, any professional or academic associations that you belong to, technical reports or publications that you have produced, or other research or scholarship that you have accomplished; other as appropriate.

References

List **two** academic or professional references who can comment on your suitability and preparation for the postdoctoral fellowship and whom we may contact directly. (Include letters from references with your application).

Name	Position	E-mail	Phone

Statement of Authenticity

☐By checking this box, I certify that all the information I have supplied is true and correct.

_____

PRINT NAME

I certify that the information that I have provided to University of Maryland University College (UMUC) is accurate and truthful to the best of my knowledge. I understand and agree that it is subject to verification by employees of UMUC. I authorize the persons, employers, schools, and other organizations named to provide UMUC with any relevant information that may be required to come to a decision regarding the CADF program. I release from liability all individuals, corporations, or organizations that provide such information. I understand and agree that misrepresentation or omission of information may be cause for my not being considered for fellowship/employment and that if I am granted a fellowship/employment, any false statement may result in my dismissal.

☐By checking this box and submitting the application, this authorization is as valid as an original authorization and may be used by UMUC to request the release of information authorized.

☐I acknowledge that I have read this authorization, fully understand it, and fully and voluntarily agree to its provisions.

Date:

Certification and Authorization to Release Information

Name
Signature

If you have any questions, you may contact us at css@umuc.edu

UMUC actively subscribes to a policy of equal employment opportunity and will not discriminate against any employee or applicant because of race, religion, color, creed, sex, marital status, age, national origin, political affiliation, mental or physical condition, or sexual orientation. AA/EOE