

mQACC Graduate Student Membership Application Form

I. Applicant Information

Date of application (Month/day/year):	
Name (First, Middle Name/or Initial, Last):	
Degree(s):	
Institution and mailing address:	
Phone number (include country code):	
Email address:	

II. Sponsor Information

Name:	
Email address:	
Institution:	

III. Relevant experience/expertise:

Briefly describe your involvement in the development of QA/QC processes being applied to untargeted metabolomics and how they are relevant to the work of mQACC:

IV. Working Groups

If you wish to join a Working Group within mQACC, please indicate the Working Group you wish to join as indicated on the mQACC webpage (<https://epi.grants.cancer.gov/Consortia/mQACC/>):

V. Intention to abide by stated mQACC policies and guidelines:

By signing this form, I affirm that I have read, understand, and am committed to the stated mission and objectives of mQACC

Signature

Date