



Application for Surgical Pathology Fellowship

University of Chicago (NorthShore) Pathology

Evanston, Illinois

Applicant Name		
<i>Last name</i>	<i>First</i>	<i>Middle</i>

Please affix a recent passport-sized photo here.

If submitting electronically, include a recent passport-style photo in .JPG format with the application.

Fellowship Type			
This application is being made for a fellowship in (please check one):			
<input type="checkbox"/> Molecular Genetic Pathology	<input type="checkbox"/> Surgical Pathology		
Training period for which applying:			
<i>Start date</i>		<i>Finish date</i>	

Personal Data			
Other names used:			
Present Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Permanent Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal code</i>
Telephone			
<i>Home</i>	<i>Work</i>	<i>Mobile</i>	<i>Fax</i>
E-mail:			

Education				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Undergraduate School)</i>	<i>(Major)</i>	<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Graduate School, if applicable)</i>		<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Medical School)</i>		<i>(Degree)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Residency)</i>		<i>(AP, CP, AP/CP, other)</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>		<i>Area of training</i>
to				
<i>(Mo/Yr)</i>	<i>(Mo/Yr)</i>	<i>(Other GME, if applicable)</i>		<i>Area of training</i>
to				

Letters of Recommendation and/or References

Please list the individuals who will write your letters of recommendation. At least three are required.

Reference #1

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #2

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #3

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Reference #4 (optional)

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Signature (may omit if submitting electronically)

I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<i>Signature</i>	<i>Date</i>
------------------	-------------

Publications and Presentations *(if explicitly listed on CV, include highlights here with reference to location on CV)*

Memberships and Leadership/Research Experience (if explicitly listed on CV, include highlights here with reference to location on CV)

--

Application Packet Check-list	
✓	Completed Fellowship Application Form with Photo and Signature
✓	Current Curriculum Vitae (CV)
✓	Personal Statement
✓	Medical School Diploma
✓	USMLE or COMLEX Transcript
✓	ECFMG Certificate (if applicable)