



UNIVERSITY of PENNSYLVANIA MEDICAL CENTER
Department of Pathology and Laboratory Medicine
 3400 Spruce Street, Philadelphia, PA 19104-4283

Fellowship Director: Cindy McGrath, MD
 Director of Student Fellowship Program

APPLICATION FOR STUDENT FELLOWSHIP
Applying for academic year: _____

FELLOWSHIP DESIRED: ANATOMIC PATHOLOGY COMBINED CLINICAL/ANATOMIC PATHOLOGY

NAME IN FULL: _____ PRESENT TELEPHONE #: _____

PRESENT ADDRESS: _____ BEEPER: _____

_____ E-MAIL: _____

_____ FAX: _____

SOCIAL SECURITY #: _____ VISA STATUS: _____

ADDRESS AT MEDICAL SCHOOL: _____

_____ TELEPHONE # _____

EMERGENCY CONTACT OTHER THAN SPOUSE (Name & Address): _____

_____ TELEPHONE #: _____

PRE-MEDICAL COLLEGE: _____ UNDER GRAD MAJOR: _____

GRADUATION DATE: _____ DEGREE: _____

MEDICAL SCHOOL: _____

GRADUATION DATE ANTICIPATED: _____ DEGREE: _____

NATIONAL AND/OR STATE BOARD EXAMINATION (INCLUDE DATE TAKEN AND RESULTS): _____

WHAT DO YOU PLAN TO ACCOMPLISH DURING YOUR FELLOWSHIP: _____

ANTICIPATED START DATE OF STUDENT FELLOWSHIP: _____

FOLLOWING YOUR FELLOWSHIP, WHAT IS YOUR PLANS IN MEDICINE? _____

NAMES AND ADDRESSES OF THREE (3) REFERENCES:

(1) _____	(2) _____
_____	_____
_____	_____
_____	_____
_____	_____

(3) _____

ARE YOU AVAILABLE TO COME AND INTERVIEW, IF REQUESTED? *(Please circle one)* YES NO

SIGNATURE: _____ DATE: _____

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STUDENT AUTHORIZATION:

I hereby authorize Dr. Cindy McGrath to review my student file (*Penn students only*).

**Student's from other schools should have an official transcript
sent to the attention of Dr. Cindy McGrath**