



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

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 Director of Pathology Student Fellowship Program

APPLICATION FOR PATHOLOGY STUDENT FELLOWSHIP

FELLOWSHIP TRACK: ANATOMIC PATHOLOGY COMBINED CLINICAL & ANATOMIC PATHOLOGY

FULL NAME: _____ E-MAIL: _____

CURRENT ADDRESS: _____ TELEPHONE #: _____

EMERGENCY CONTACT (NAME / RELATIONSHIP / TELEPHONE #): _____

PRE-MEDICAL COLLEGE: _____ UNDERGRAD MAJOR: _____

GRADUATION DATE: _____ DEGREE: _____

MEDICAL SCHOOL: _____

ADDRESS: _____

GRADUATION DATE ANTICIPATED: _____ DEGREE: _____

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

WHAT DO YOU WISH TO ACCOMPLISH DURING THIS FELLOWSHIP? _____

ANTICIPATED START DATE OF STUDENT FELLOWSHIP: _____

FOLLOWING THIS FELLOWSHIP, WHAT ARE YOUR PLANS IN MEDICINE? _____

SIGNATURE: _____

DATE: _____

Non-Discrimination Policy Statement:

The University of Pennsylvania values diversity and seeks talented students, faculty, and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability, or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs, or activities; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. Questions or complaints regarding this policy should be directed to the Executive Director of the Office of Affirmative Action and Equal Opportunity Programs, 3451 Walnut Street, Franklin Building, 4th Floor, Room 421, Philadelphia, PA 19104-6205 or (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

STUDENT AUTHORIZATION:

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

SIGNATURE: _____

Students from other schools should have an official transcript sent to the attention of Dr. Roseann Wu.