

Department of Radiology
Abdominal Imaging Fellowship Application

Contact Information

Last Name:

First Name:

Address:

Phone number:

E-mail:

Are you a U.S. Citizen?

If no, what is your VISA status?

Education

USMLE 1 score:

USMLE 2 score:

USMLE 3 score:

References

Three letters are required. Please provide name, title and email for each reference.

1.

2.

3.

Signature:

Date:

Please attach your **curriculum vitae** outlining your training and experience including college, medical school, internship and residency; publications and other scholarly work; military service (if applicable); medical practice (if applicable); and other professional activities. Please account for all time periods.

Also include a **brief personal statement** that specifically addresses your interest in the University of Michigan Abdominal Imaging Fellowship. Do not exceed one page.

Complete Fellowship Packet: This application, CV, personal statement, and three letters of reference.

Submit complete fellowship packet via email to:

Jeanette Schultz, Abdominal Imaging Fellowship Coordinator

jchampag@med.umich.edu

(734) 763-5842