



Northwestern University Feinberg School of Medicine
Department of Urology
Tarry 16-703
303 E. Chicago Avenue
Chicago, Illinois 60611
(312) 503-3238

ANDROLOGY FELLOWSHIP APPLICATION

NAME: _____
Last First Middle

Address (Present): _____

TEL: _____

Address (Permanent): _____

TEL: _____

Please provide daytime and nighttime telephone numbers (not necessarily your own) through which we can reliably reach you during the interview and matching period:

Next of Kin: _____

Relationship: _____

DAYTIME TELEPHONE: _____

NIGHTTIME TELEPHONE: _____

PAGER NUMBER: (if available) _____

E-Mail Address: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

VISA (if applicable) _____

SOCIAL SECURITY#: _____

Marital Status (optional): _____

Spouse Name (optional): _____

EDUCATION AND TRAINING:

College/University: _____

(City/State): _____

Degree/Date: _____

Postgraduate Schools: _____

Degree/Date: _____

Medical School: _____

(City/State): _____

Degree/Date: _____

Board Scores: _____

Urology Residency: _____

(City/State): _____

Completion Date: _____

Postgraduate work includes previous residencies, assistant residencies, fellowships and internships with dates and names of hospitals and schools. List all postgraduate medical courses taken and all internships, residencies or fellowships on additional pages if there is not enough space below. If you have ever left any course or residency, internship or fellowship for any reason other than the expiration of the usual term, please state the reason.

National and State Medical Board Examination

USMLE Exams – Please submit a copy of the official transcripts with your application.

(Date /Result/Scores/Percentile)

States in which licensed: _____

HONORS AND AWARDS:

High School: _____

College/University: _____

Medical School: _____

RESEARCH: Research Experience (dates): _____

Research in Progress: _____

Published Abstracts and Papers: _____

(May refer to CV if listed there)

Urology Rotations (date/location)

(1.) _____

(2.) _____

PERSONAL HEALTH:

Present State of Health:

Last Chest X-Ray (date/result): _____

Last TB Skin Test Ray (date/result): _____

Medical Condition that may affect fellowship performance:

LETTERS OF RECOMMENDATION:

(Name, Address, Telephone Numbers of the 3 individuals from whom letters were requested; these should be from Urologists with whom you have worked). If you performed substantial research, please consider having the faculty with whom you worked send us an additional letter of recommendation.

- 1. _____

- 2. _____

- 3. _____

OPTIONAL: Identify your racial /ethnic background:

- Black
- American Indian or Alaskan Native
- White
- Hispanic - Mexican/American or Chicano
- Hispanic - Puerto Rican (Mainland)
- Hispanic - Puerto Rican (Commonwealth)
- Asian - Pacific Islander

Please use the next page for a personal statement of "why you are seeking a fellowship with Northwestern University and your professional plans following the fellowship. Finally, where you hope to be a decade after your Fellowship"

Applications should be addressed to:

Kelly Ross, Education Coordinator
Department of Urology
Northwestern University
Feinberg School of Medicine
303 E. Chicago Avenue
Tarry 16-703
Chicago, IL 60611

Letters of recommendation should be mailed to the same address.

Date: _____

Signature: _____