University of Wisconsin
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Department of Pathology and Laboratory Medicine

DEADLINE: March 6, 2009

APPLICATION FOR ANGEVINE FELLOWSHIP

(10-Week Summer Internship 2009)

Name_____
Last First Middle (Former)

Present Address_____

Permanent Address_____
Telephone
(Day)_____ (Eve)_____ Social Security Number:_____

E-mail address_____

Educational Experience

	Institution Name & City, State	Dates Attended From - To (mo/day/yr)	Degree Received
Pre-Med			
Medical School			

Please state in 100 words or less why you are interested in the Angevine Fellowship and what you hope to accomplish.

Plans for the Future (type of practice, specialty, research, academic, etc).

Signature_____ Date_____

INSTRUCTIONS: Include a current resume and two references, one from a UW Medical School instructor/professor (mailed separately). Send all materials to the address below:

Dr. José Torrealba
C/o Amanda Paus
Department of Pathology & Laboratory Medicine
University of Wisconsin Hospital & Clinics
600 Highland Ave., B4/243—2472
Madison, WI 53792