

UNIVERSITY OF MICHIGAN FELLOWSHIP APPLICATION

Application Checklist for Applicants

- ❑ **Application should be typed**
- ❑ **Complete pages 1 through 4 of the application**
- ❑ **Complete the top of each Confidential Reference Report, sign the disclaimer for confidentiality and give one copy to each reference to send with their letters of recommendation. One reference must be your current urology program chairman. 3 copies of the Confidential Reference Report and Rating Sheet are included in the application packet for this purpose.**
- ❑ **Include an updated CV with application**
- ❑ **Once invited for an interview, you will need to submit official copies of your undergraduate and graduate medical transcripts and MCAT scores**
- ❑ **Completed application and letters of reference should be mailed to:**

**Lora Allen
Urology Training Coordinator
3875 Taubman Center, SPC 5330
1500 E. Medical Center Drive
Ann Arbor, MI 48109-0330**

FELLOWSHIP AND CAREER OBJECTIVES: In this section, please state briefly, the reason for your interest in this training program. This should include your clinical and research interests, your career goals and your objectives in this fellowship. (Do not exceed the space below. Use 12 point font).

RESEARCH PROPOSAL (For Clinical Research Applicants only): Describe a potential clinical research project in detail that you would conduct if accepted into this training program. Consider elements of a clinical study including study design, population, brief description of methodology, suggested analysis, strengths and weaknesses of your study proposal. (Length should not exceed 5 pages) Attach additional pages, if needed.

REFERENCES The Academic Urology Subspecialty Fellowships program requires that all applicants submit at least 3 letters of references, **one of which must be from the Chairman of Urology at your current program.**

1) REFERENCE NAME & TITLE (Urology Program Chairman)

INSTITUTION

ADDRESS & PHONE

2) REFERENCE NAME & TITLE

INSTITUTION

ADDRESS & PHONE

3) REFERENCE NAME & TITLE

INSTITUTION

ADDRESS & PHONE

Nondiscrimination Policy

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action, including Title IX of the Education Amendments on 1972 and Section 504 of the Rehabilitation Act of 1973. The University of Michigan is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam-era veteran status in employment, education programs and activities, and admissions. Inquiries or complaints may be addressed to the University's Director of Affirmative Action and Title IX/Section 504 Coordinator, 4005 Wolverine Tower, Ann Arbor, Michigan 48109-1281, (734) 763-0235, TDD (734) 747-1388. For other University of Michigan information, call (734) 764-1817.

UNIVERSITY OF MICHIGAN FELLOWSHIP CONFIDENTIAL REFERENCE REPORT

TOP SECTION OF PAGE TO BE COMPLETED BY THE APPLICANT BEFORE PRESENTING TO THE REFERENCE

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

- I hereby waive my right of access to this recommendation. _____
SIGNATURE OF APPLICANT DATE

- I do not waive my right of access to this recommendation. _____
SIGNATURE OF APPLICANT DATE

NAME INSTITUTION

TITLE TELEPHONE NUMBER

APPLICANT'S NAME TELEPHONE NUMBER

ADDRESS CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY REFERENCE

Please indicate in the space below the period of time which you have known the applicant and in what capacity. Elaborate on the applicant's performance on which you base your assessment above. Please cite specific illustration of the applicant's performance. Feel free to use a standard letter of recommendation format. Attach additional sheet if necessary. Kindly send your letter of recommendation and reference report to: Lora Allen, Urology Training Coordinator, 3875 Taubman Center, SPC 5330, 1500 E. Medical Center Drive, Ann Arbor, MI 48109-0330.

Please rate the applicant by circling the following number most appropriate that represents your opinion of the applicant:

	Unable to assess	Poor	Fair	Good	Excellent	Outstanding (Best I have ever seen)
Motivation	<input type="checkbox"/>	1	2	3	4	5
Initiative	<input type="checkbox"/>	1	2	3	4	5
Ability to meet deadlines	<input type="checkbox"/>	1	2	3	4	5
Maturity	<input type="checkbox"/>	1	2	3	4	5
Clinical Skills	<input type="checkbox"/>	1	2	3	4	5
Interpersonal Skills	<input type="checkbox"/>	1	2	3	4	5
Demonstrated skill at Research	<input type="checkbox"/>	1	2	3	4	5
Integrity	<input type="checkbox"/>	1	2	3	4	5
Judgement	<input type="checkbox"/>	1	2	3	4	5
Intellectual Ability	<input type="checkbox"/>	1	2	3	4	5
Originality	<input type="checkbox"/>	1	2	3	4	5
Communication	<input type="checkbox"/>	1	2	3	4	5
Industry	<input type="checkbox"/>	1	2	3	4	5
Overall Evaluation	<input type="checkbox"/>	1	2	3	4	5

SIGNATURE OF REFERENCE **DATE**