

**UNIVERSITY OF MICHIGAN**  
**TRAINING GRANT APPLICATION**

**Application Checklist for Applicants**

- ❑ **This form is intended for applicants to the Oncology/Endourology Fellowship, and assumes that an initial application and letters of references have been submitted**
- ❑ **Application should be typed or electronic**
- ❑ **Complete pages 1 through 4 of the application**
- ❑ **Include an updated CV with application**
- ❑ **Completed application and letters of reference should be mailed or emailed to:**

**Lora Allen  
Urology Training Coordinator  
3875 Taubman Center, Box 0330  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109-0330  
llallen@umich.edu**

**or**

**J. Stuart Wolf, Jr., M.D.  
Fellowship Co-Director  
3875 Taubman Center, Box 0330  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109-0330  
wolfs@umich.edu**



**UNDERGRADUATE EDUCATION**

UNDERGRADUATE COLLEGE	CITY	STATE	DATES ATTENDED	HONORS/AWARDS
MCAT SCORES	YEAR OF EXAM			

**MEDICAL SCHOOL**

INSTITUTION	CITY	STATE	DATES ATTENDED	HONORS/AWARDS
INSTITUTION	CITY	STATE	DATES ATTENDED	HONORS/AWARDS

**UROLOGICAL TRAINING**

Institution	Year of training (e.g. 2002-2003)
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- PG1 \_\_\_\_\_
- PG2 \_\_\_\_\_
- PG3 \_\_\_\_\_
- PG4 \_\_\_\_\_
- PG5 \_\_\_\_\_
- PG6 \_\_\_\_\_

**FELLOWSHIPS (List all Fellowships)**

Institution	Specialty	Year(s) of training (e.g. 2002-2003)
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**COMMITTEES**

(Please list all student and faculty committees on which you have served)

Committee	Institution	Dates served	Duties
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**RESEARCH WORK EXPERIENCE:** Attach your curriculum vitae – including publications and abstracts.

**FELLOWSHIP AND CAREER OBJECTIVES:** In this section, please state briefly, the reason for your interest in the research portion of this training program. This should include your 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.** If you have already submitted references with the original application to the Fellowship, then this section can be omitted as long as one of the letters was from the Chairman of Urology at your current program.

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**1) REFERENCE NAME & TITLE (Urology Program Chairman)**

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INSTITUTION

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ADDRESS & PHONE

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**2) REFERENCE NAME & TITLE**

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INSTITUTION

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ADDRESS & PHONE

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**3) REFERENCE NAME & TITLE**

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INSTITUTION

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ADDRESS & PHONE

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*Nondiscrimination Policy*

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**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

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**SIGNATURE OF REFERENCE** **DATE**