

APPLICATION FOR COLUMBIA UNIVERSITY FELLOWSHIP

RESEARCH TRAINING IN AFFECTIVE, ANXIETY, EATING & RELATED DISORDERS

Application for _____, 200__

Date ____/____/____

1. Name (in full) _____ M__ F__

Social Security Number ____/____/____

2. Current Address _____

City/Zip _____ Telephone Day ____/____/____

Home ____/____/____

Email: _____ Cell ____/____/____

3. Citizen of United States? Yes____ No____

If not, Permanent Resident? Yes____ No____

4. College/Universities Attended:

(name/address)

(dates attended) (date of graduation) (Degree) (Honors)

5. Medical or other Postgraduate Education:

(name/address)

(dates attended) (Degree) (Honors)

(name/address)

(dates attended) (Degree) (Honors)

6. Internship:

(name/address)

(dates attended)

7. Residency Training (for MDs):

(name/address)

(dates attended)

8. Research Experience (describe and attach bibliography):

9. To complete your application, please send the following by November 1:

1. Curriculum Vitae, Copies of Publications
2. Letter from Director of Training
3. Two other letters from those who can comment upon your interest and performance in research.

10: The second part of your application is a research plan that should be completed in conjunction with a fellowship preceptor. This should be 3-10 pages, describing the research project that you plan to do, including background, hypothesis, methods and statistical analyses. This is due by November 25, and should be accompanied by a letter from your preceptor supporting your application. If you know now the name of your proposed preceptor, please list it here: _____

Submit to: **Steven P. Roose, M.D.**
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 Columbia University, Department of Psychiatry
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 New York, New York 10032
 Spr2@columbia.edu