

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**COUSINS CENTER FOR PSYCHONEUROIMMUNOLOGY**  
UCLA Neuropsychiatric Institute

**APPLICATION FOR POSTGRADUATE TRAINING**  
(for Non-U.S. Citizens)

1. TITLE OF RESEARCH PROJECT \_\_\_\_\_

2. APPLICANT'S NAME AND ADDRESS:

\_\_\_\_\_  
Last First M.I. Birth Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City Province/State/ Country Postal Code  
County/etc.

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. EDUCATION:

<u>Institution &amp; Location</u>	<u>Dates Attended</u>	<u>Major/ Specialization</u>	<u>Degree</u>	<u>Date Awarded</u>
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Undergrad: \_\_\_\_\_

Grad./Med.  
School: \_\_\_\_\_

Other Grad.  
Training: \_\_\_\_\_

4. COUNTRY OF CITIZENSHIP: \_\_\_\_\_

Have you previously held a visa to study or perform research in the U.S.?  Yes  No

If yes, what type and when? \_\_\_\_\_  
Visa Type From (date) To (date)

5. FOREIGN MEDICAL GRADUATES (if applicable): ECFMG# \_\_\_\_\_

Medical Licensure (if applicable): State(s): \_\_\_\_\_

6. PROPOSED PRECEPTOR (if preference known):

\_\_\_\_\_  
Name Department

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

7. Please provide a description of your career goals. *(Do not exceed one page.)*
8. Describe the research project you propose to undertake during your training. Include Specific Aims, Background and Significance, Research Design, and References. *(Do not exceed 3 pages, excluding references.)*
9. Comment on the relevance of this research to the field of psychoneuroimmunology.
10. Attach a copy of your curriculum vitae.
11. In the space below, please provide the names, addresses, phone numbers and e-mail addresses of three professional references from whom you have requested letters of recommendation. These letters should be sent to: Michael Irwin, M.D.  
Cousins Center for Psychoneuroimmunology  
UCLA Medical Plaza 300, Room 3109  
Box 957076  
Los Angeles, CA 90095-7076

**Send Original plus four (4) copies of complete application to the address below.**

If Appendices are included – please send 5 sets.

Michael Irwin, M.D.  
Cousins Center for Psychoneuroimmunology  
UCLA Medical Plaza 300, Room 3109  
Box 957076  
Los Angeles, CA 90095-7076