

Date: _____

Name: _____

COUSINS CENTER FOR PSYCHONEUROIMMUNOLOGY
UCLA Neuropsychiatric Institute

APPLICATION FOR POSTGRADUATE TRAINING
(for U.S. Citizens and U.S. Permanent Residents)

1. TITLE OF RESEARCH PROJECT _____

2. APPLICANT'S NAME AND ADDRESS:

Last First M.I. Birth Date

Street

City State Zip Code

Home Tel: _____ Work Tel: _____ E-Mail: _____

3. EDUCATION:

<u>Institution & 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. U.S. CITIZEN? Yes No PERMANENT RESIDENT? Yes No
(If yes, please attach copy of Permanent Resident Card)

Social Security Number: _____

5. MEDICAL LICENSURE (if applicable): State(s): _____

6. Have you previously been supported on an NRSA Institutional or Individual Grant? Yes No

If yes, please supply: Grant Title and Number: _____

Period of appointment: _____

7. PROPOSED PRECEPTOR (if preference known):

Name Department

Telephone: _____ Fax: _____ E-Mail: _____

Date: _____

Name: _____

8. Please provide a description of your career goals. *(Do not exceed one page.)*
9. 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.)*
10. Comment on the relevance of this research to the field of psychoneuroimmunology.
11. Attach a copy of your curriculum vitae.
12. 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