UNIVERSITY OF MICHIGAN SCHOOL OF NURSING
APPLICATION FOR POST-DOCTORAL FELLOWSHIP

NAME: _____
Last, First, Middle Initial

ADDRESS: _____
Number Street Apt. City, State Zip code

PHONE: (____)_____ ALTERNATE PHONE: (____)_____

U.S. SOCIAL SECURITY NUMBER: E-MAIL ADDRESS:

_____ _____

RACE / ETHNICITY: Optional (Choose which one best describes you)

- ❑ African American / Black
- ❑ Hispanic / Latino
- ❑ American Indian or Alaskan Native Tribe
- ❑ White
- ❑ Asian or Pacific Islander (Includes the Indian sub-continent)
- ❑ Race not included above: Please specify:_____

Are you multi-racial or multi-ethnic (Parents of two or more of the above groups)?

❑ Yes ❑ No If yes, please specify: _____

AREA OF INTEREST:

❑ Health Promotion/Risk Reduction Interventions with Vulnerable Populations

APPLICANTS SHOULD SUBMIT:

- This completed application form
- A letter describing specific research interest, the fit of proposed research with the research area of potential mentor at Michigan, and summary of career goals
- Curriculum vita
- Three letters of recommendation
- Transcripts of graduate study
- Doctoral dissertation and reprints of publications

ALL APPLICATION MATERIALS SHOULD BE SUBMITTED TO:

University of Michigan School of Nursing
Attn: Irene L. Felicetti, MLS
400 North Ingalls, Ste. 4320
Ann Arbor, MI 48109-5482