



# UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

Medical Education

## Short-term Medical Education Fellowship Application

Please complete this Short-term Medical Education Fellowship Application and send the following materials to Ara Tekian ([tekian@uic.edu](mailto:tekian@uic.edu)) and Suah Cho ([sucho@uic.edu](mailto:sucho@uic.edu)).

- Complete application
- Resume/CV
- Cover letter detailing your specific interest in the fellowship program
- Declaration and certification of finances

The application package **MUST** be submitted 4-6 months prior to the proposed start date.

For information about the Short-term Medical Education Fellowship, please visit our website at <https://chicago.medicine.uic.edu/medical-education/education/international-programs/>

### **PERSONAL INFORMATION**

Name \_\_\_\_\_  
Surname (Last or family name) First (Given) Name Middle Name

Date of birth: \_\_\_\_\_ Nationality \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ Preferred duration of fellowship \_\_\_\_\_

### **EDUCATION**

a. Highest Level of Education

University: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Degree: \_\_\_\_\_ Concentration: \_\_\_\_\_

Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

b. Residency/Fellowship (if applicable)

University: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**SPONSORSHIP**

a. Agency/Institution/Embassy \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

b. Self \_\_\_\_\_

**CURRENT POSITION/ROLE**

Academic Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Other \_\_\_\_\_