

Glaucoma Research Center Research Fellowship Application

This application form must be completed in English.

Date:

Name:

Permanent Address:

State/Providence:

Zip/Postal Code:

Country:

Phone #:

Best day and time
for conference call :

Email Address:

Citizenship: U.S. Citizen Other (please specify):

Type of Fellowship desired: 6 months 1 year

Dates of Appointment Preferred:

Education

Type of School	Name of School, City & Country	Year Attended	Degree
Undergraduate			
Medical			
Internship			
Ophthalmology Residency			
Fellowship (if applicable)			

Type of School	Name of School, City & Country	Year Attended	Degree
Other Professional Experience			
Other Professional Experience			
Other Professional Experience			

Academic Honors, Scholarships, Publications

Medical Licensure

State & Country:

Date:

License #:

Personal Statement

In your personal statement, please answer the following questions:

1. Why you wish to come to Wills Eye Hospital Glaucoma Research Center?
2. What personal and professional and professional outcomes do you anticipate from an experience as a research fellow at the Wills Eye Hospital Glaucoma Research Center?

Please limit your personal statement to 500 words or less.

Electronic Signature:

Date:

Please complete and send this completed application form with an electronic copy of your CV, 3 letters of recommendation and a recent passport sized photo (2 in x 2 in) to Lillian Nguyen at LNguyen@willseye.org

Mailed paper forms and documents are not accepted. All documents must be in English. If you have any questions, please contact Lillian Nguyen.