

David Geffen School of Medicine at UCLA Department of Ophthalmology, Stein Eye Institute

OPHTHALMOLOGY INTERNATIONAL FELLOWSHIP APPLICATION

| Fellowship to which you are applying: | | | | |
|--|------------------|----------------------------|----------------------------|--|
| Please type. Complete all fields e | ven though you w | rill attach all applicatio | on material prerequisites. | |
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| Last | First | Middle | | |
| Date of Birth (Month/Day/Year) | Place of Birth | (City, Country) | Citizenship (Country) | |
| Mailing Address | | | | |
| City | State | Zip | Country | |
| Home Telephone (include Country and | City Code) F | Tax Number (include Cou | antry and City Code) | |
| Work Telephone (include Country and Countr | City Code) E | E-mail address | | |
| If a naturalized US citizen, provide the f | following: | | | |
| Date of Naturalization Place | Number | Atta | ch Recent | |
| Medical Licenses: | | | | |
| COUNTRY: NUMBI | ER: | Pho | otograph | |
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| Last | First | Middle | | |
|---|--------------|--------|--|--|
| EDUCATION AND EXPERIENCE: | | | | |
| Current Position: ⇔ | | | | |
| EDUCATION: | INSTITUTION: | DATES: | | |
| Medical School | | | | |
| Internship | | | | |
| Residency | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| G: . | | D. (| | |
| Signature | | Date | | |
| Confidentiality of Recommendations: | | | | |
| While non-confidential letters of recommendation will be accepted and carefully considered, confidential letters may provide a more candid, and therefore more useful, assessment of the | | | | |
| applicant's qualifications and abilities. Applicants are therefore invited, but not required, to | | | | |
| sign the following waiver. | | | | |
| I understand that letters of recommendation concerning me are to be written and maintained in | | | | |
| confidence, and I expressly waive any rights that I might have to access to such letters under the Family Educational Rights and Privacy Act of 1974, or under any other law, regulations, or | | | | |
| policy. | | · | | |
| Signature | | Date | | |
| I do not agree to this | waiver: | | | |
| 0 | | | | |
| | | | | |
| Signature Date | | | | |
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Detailed information about each fellowship program is maintained on the web site of the UCLA Stein Eye Institute. This form may be transmitted to the fellowship coordinator by e-mail to establish an application file, but a signed original must be mailed.

A complete application consists of:

- 1. This form.
- 2. Your curriculum vitae.
- 3. A personal statement.
- 4. A medical school transcript.
- 5. Three letters of recommendation.

NOTE: The deadline for applications to our International Fellowship Program, is October 1, 2021 for the 2022-2023 academic year, but may vary within Divisions. Please check with the appropriate Fellowship Program directly.