

**Michigan State University
Department of Neurology and
Ophthalmology**



**APPLICATION FOR FELLOWSHIP PROGRAM
IN NEURO-OPHTHALMOLOGY**

(Please type or print legibly)

NAME: _____ **Degree:** _____

DESIRED START / FINISH DATE: ___/___/___ - ___/___/___

SOCIAL SECURITY #: ___/___/___ - ___/___ - ___/___/___

HOME ADDRESS:

COMMUNICATION NUMBERS:

Work: _____
Home: _____
Fax: _____
e-mail _____

CURRENT AFFILIATION: _____

Supervisor: _____

Dates: ___/___/___ - ___/___/___

Address: _____

MEDICAL SCHOOL: _____

Address: _____

Dates: ___/___/___ - ___/___/___

INTERNSHIP: _____

Address: _____

Dates: ___/___/___ - ___/___/___

