

# NEUROPATHOLOGY FELLOWSHIP APPLICATION

## Duke University Medical Center

*Photograph optional*

Academic Year \_\_\_\_\_

*(Please print or type)*

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Visa Status (if applicable) \_\_\_\_\_

Permanent Address (name of person through whom you can always be contacted)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Premedical College \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

Advanced Work \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

Medical School \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

USMLE Results

Step I: Date \_\_\_\_\_ Numeric Score \_\_\_\_\_

Step II: Date \_\_\_\_\_ Numeric Score \_\_\_\_\_

Step III: Date \_\_\_\_\_ Numeric Score \_\_\_\_\_

Foreign Medical Graduates must submit a copy of their valid ECFMG certificate. The Department of Pathology sponsors J1 visa applications.

Persons from whom letters of recommendation have been requested:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Return this completed application, a copy of your curriculum vitae,  
a one-page personal statement and copies of USMLE scores to:*

**Christine Hulette, M.D.**

Neuropathology Training Program Director

Duke University Medical Center Department of Pathology, Box 3712

Durham, NC 27710

Phone: 919-684-3994

Email: [christine.hulette@dm.duke.edu](mailto:christine.hulette@dm.duke.edu)