



Neurology Fellowship Application

Medical College of Wisconsin

HEADACHE MEDICINE FELLOWSHIP

APPLICANT PERSONAL INFORMATION

Today's Date: _____

Full Name: _____
Last First MI

Address: _____
Street Address Apt #

City State ZIP

Home Phone: () - Other: () -

Email: _____

Do you currently possess required citizenship, lawful permanent resident status, or an appropriate visa that will allow you to remain in the U.S. or Canada to complete the entire duration of the fellowship program(s) to which you are applying?

Yes No

Do you currently require, or might you potentially require in the future, sponsorship from an employer or other organization in order to obtain, extend, or renew a visa that will allow you to complete the fellowship program(s) to which you are applying?

Yes No

If yes, what type of Visa will you pursue?

J-1 H-1B O-1 Other _____

For fellowship candidacy consideration, please submit the following required application documents:

- Application form
- Photo
- CV
- Personal Statement
- Three letters of recommendation (**one letter MUST be from Residency Director**)
- ECFMG, USMLE and Medical Transcripts (copies ok)

Please send all application materials to:

Dr. James Murtha c/o Program Coordinator
Department of Neurology
Medical College of Wisconsin
Office (414) 955-0643
neurofellowships@mcw.edu