



**Application for Research Fellowship
T 32 (PhD)
Massachusetts General Hospital**



Name (Last, First, Middle)		Degree(s)	Date of Birth
Address		Phone (Home)	Phone (Work)
		Email	
Starting Date and Time Commitment (2 years required):			
US- Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, permanent US- Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Major	Degree	Year completed
Graduate School		Degree	Year completed
Other		Degree	Year completed
Postdoctoral Training			
Institution (Name, City and State):			
Describe PhD-thesis:			
References			
Please forward three letters of reference to the address below. List referees, titles, addresses & emails and phone number here. One recommendation should be from your thesis mentor or advisor.			
1.			
2.			
3.			
Date		Signature	
Please send this Application with a copy of your CV, a personal statement, and three letters of reference to the address below.			
Udo Hoffmann, MD MPH c/o Fellowship Manager Massachusetts General Hospital Cardiovascular Imaging Research Center 165 Cambridge St, Suite 400 Boston, MA 02114		Email: circmgh@partners.org	