

**FREDERICK A. COLLER SURGICAL SOCIETY  
APPLICATION FOR SURGICAL RESEARCH FELLOWSHIP**

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I hereby make application for a Frederick A. Collier Surgical Research Fellowship:

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
Address                                      City                                      State                                      Zip

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

\_\_\_\_\_                                      \_\_\_\_\_, M.D.  
Date of Application                                      Applicant Signature

<p>I will be the on-site sponsor for: _____, M.D., and recommend him/her for a Collier Society Research Fellowship.</p> <p>Sponsored by: _____ Collier Society Member</p> <p>_____ Signature of Collier Member                                      _____ Date</p>
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**APPLICANT INFORMATION**

**1. Premedical education:**                                      YEAR      YEAR  
\_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ Degree: \_\_\_\_\_

**2. Medical education:**                                      YEAR      YEAR  
\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

**3. Internship:**                                      MONTH/YEAR      MONTH/YEAR  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(HOSPITAL)

**4. Residency and/or fellowship(s):**                                      MONTH/YEAR      MONTH/YEAR  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

5. Research experience:

6. Other professional experience:

7. Please attach a list of your publications.

8. Please attach your research project description for the Research Fellowship year.

9. Please attach a LETTER OF SPONSORSHIP from a Coller Society Member.

**Please mail or email application:**

Email: [cjessop@umich.edu](mailto:cjessop@umich.edu) or [pgauger@umich.edu](mailto:pgauger@umich.edu)

Frederick A. Coller Surgical Society

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