



## Multiple Sclerosis and Neuroimmunology Fellowship Application

### Personal Information

Name:			
Email:			
Address:			
Telephone:			
Date of Birth:		Place of Birth:	
Languages Spoken:			
Citizenship:		Visa Status:	

Pre-Medical and Medical Schools	Degree	Date Graduated

Residencies / Fellowships	School / Location	Specialty	Training Dates

Please include copies of the following:

- C.V.
- Personal statement
- USMLE transcript
- ECFMG certificate (if any)
- Letters of recommendation (3 or more, including one from your Neurology program director)

Please mail or email your application to:

University of Nebraska Medical Center  
 Department of Neurological Sciences  
 ATTN: Arianne Marcoux  
 988435 Nebraska Medical Center  
 Omaha, NE 68198-8435  
 arianne.marcoux@unmc.edu