

Post-doctoral Training Program in

IMAGING SCIENCES IN TRANSLATIONAL CARDIOVASCULAR RESEARCH

Date: Proposed st	arting date of fellowship:	
Name:	· · · · · ·	
(First)	(Middle)	(Last)
Date and place of birth:		
Citizenship or green-card status:		
Home address:		
Phone: ()		
EDUCATION		
College	Degree	Month / Day / Year
Undergraduate		
Graduate school		
Professional Positions	Institutions	Year

Letters of Reference

Please list names and addresses of three (3) references.	Letters of	f recommendation	should b	e e-mailed by
the referee to Courtney Sandrue (sandruec@upmc.edu).				

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2.	
3.	

Additional Materials

In addition to this completed application form, please provide the following items as a single PDF:

- 1. Current curriculum vitae
- 2. Brief (1-2 page) statement of your plan of research and study, including:
 - a. a description of your primary area(s) of interest
 - b. the type of research you wish to carry out
 - c. the particular methods of approach in which you require additional training
 - d. mentor(s) with whom you would prefer to work
- 3. Copy of medical or graduate school transcript

Send the completed application form and additional materials to:

Courtney Sandrue
Project Coordinator
UPMC Heart and Vascular Institute
South Tower, Suite CE361, 200 Lothrop Street
Pittsburgh, PA 15213
Phone: 412-647-5840
sandruec@upmc.edu