

University of Washington, Department of Comparative Medicine
APPLICATION FOR PREDOCTORAL PROGRAMS – CLERKSHIP / RESEARCH TRAINING
Laboratory Animal Medicine or Pathology

NAME: (Last, First, Middle Initial): _____

DAY PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

HOME MAILING ADDRESS: _____

SCHOOL/BUSINESS MAILING ADDRESS: _____

E-MAIL: _____

CITIZENSHIP (Please complete all applicable sections):

- Citizen of USA State of Legal Residence: _____
 Non-US Citizen Citizen or National of: _____
Type of Visa and Issuing Country: _____

GENDER, AGE, ETHNICITY, DISABILITY (Optional items):

SEX: MALE FEMALE DATE OF BIRTH (Month/Day/Year): _____

ETHNICITY / DISABILITY:

- Caucasian African-American
 Asian Hispanic/Latino
 Pacific Islander Other (Please specify): _____
 Native American/Alaska Native

 Disabled

DATE FOR WHICH ADMISSION IS SOUGHT: _____

EDUCATION (Start with most current):

Name of Institution	Location	Dates Attended (From/To)	Major or Field	Current Class or Degree

RELATED EXPERIENCE:

Institution/Organization	Location	Dates (From/To)	Duties

HONORS/AWARDS/SCHOLARSHIPS/GRANTS: _____

TITLES OF RESEARCH PROJECTS WITH WHICH YOU HAVE BEEN INVOLVED:

RESEARCH INTERESTS (*More than one may be selected*):

- Microbiology/Immunology Epidemiology Hematology
 Physiology/Neurology Pathology to be determined
 Other (*please specify*):

PUBLICATIONS: _____

REFERENCES (*a former or present employer or veterinary school instructor*):

Name and title: _____
Institution: _____
Address: _____
Phone: _____ Period of contact with applicant: _____

Relationship to applicant (*e.g., former/present employer, instructor*): _____

Name and title: _____
Institution: _____
Address: _____
Phone: _____ Period of contact with applicant: _____

Relationship to applicant (*e.g., former/present employer, instructor*): _____

Name and title: _____
Institution: _____
Address: _____
Phone: _____ Period of contact with applicant: _____

Relationship to applicant (*e.g., former/present employer, instructor*): _____

GOALS/EXPECTATIONS: A brief description (not to exceed 200 words) of your reasons for seeking admission and your expectation of this education in relation to your long-term goals must be submitted with this form. Please attach a separate sheet.

SIGNATURE _____ DATE _____

Completed application should be sent to:

Dr. Brian M. Iritani
Professor
Department of Comparative Medicine
University of Washington
Box 357190
Seattle, WA 98195-7190
biritani@u.washington.edu
(206) 221-3932

or Ms. Geena Gallardo
Assistant to Chair
Department of Comparative Medicine
University of Washington
Box 357190
Seattle, WA 98195-7190
gallardg@uw.edu
(206) 221-3396 / (206) 543-8047

<http://depts.washington.edu/compmed/index.html>

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Revised 02/2019