

FREDERICK A. COLLER SURGICAL SOCIETY



APPLICATION FOR COLLER TRAVELING FELLOWSHIP FOR SURGICAL RESIDENTS

I hereby make application for a Frederick A. Coller Traveling Fellowship:

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Telephone	Email Address		

Date and Place of Birth: _____

Are you a Citizen of the United States of America or Canada? _____

If a Naturalized Citizen, state where and when you were Naturalized: _____

_____	_____ , M.D.
Date of Application	Applicant Signature

TO THE COUNCIL OF THE FREDERICK A. COLLER SURGICAL SOCIETY

We vouch for _____, M.D., of _____
and recommend him/her to a Coller Traveling Fellowship.

Sponsored by: _____	_____
Coller Society Member Signature	Date

Approved by: _____	_____
Chairman of Department Signature	Date

Committee Record-Date Application Received _____

Action of Committee _____	Recommended _____
	Deferred _____
	Not Recommended _____

Explanation Committee Action

Signature _____	Secretary _____
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I SUBMIT THE FOLLOWING DATA CONCERNING MY EDUCATION
AND SURGICAL TRAINING.

1. Premedical education:

UNIVERSITY OR COLLEGE	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

2. Medical education:

	MONTH/YEAR	MONTH/YEAR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

3. Internship:

HOSPITAL	MONTH/YEAR	MONTH/YEAR
_____	_____	_____

4. Training following Internship

a. Residency or Fellowship

	MONTH/YEAR	MONTH/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. When will you complete your Surgical Training? _____

c. If approved, at what time will you take the Traveling Fellowship? _____

5. Other Professional Experience such as Basic Science, Private Practice, Investigative Work, and any Special Awards.

6. Please attach Bibliography.

7. Please include sponsorship letter from a Coller Society Member.

Email form to collersurgicalsociety@gmail.com or mail to Frederick A. Coller Surgical Society, PO Box 1711, Ann Arbor, MI 48106.