

Please Type

**POST-DOCTORAL FELLOWSHIP IN SCHIZOPHRENIA
AND CLINICAL NEUROBIOLOGY**

DEPARTMENT OF PSYCHIATRY
THE UNIVERSITY OF IOWA COLLEGE OF MEDICINE

Date: _____

Proposed starting date of fellowship: _____

Name: _____

Home address: _____

Phone: _____

EDUCATION

College: _____
degree/year

Graduate School: _____

Medical School: _____

Honors, Special Training, etc.: _____

PREVIOUS POSITIONS

1. _____
position institution year(s)

2. _____

3. _____
4. _____
5. _____
6. _____
7. _____

(continue on other side if necessary)

Please list **names** and **addresses** of three (3) references and request that they send letters of recommendation to the Program Administrator.

1. _____
2. _____
3. _____

Prepare a brief (2 to 5 page) statement of your plan of research and study, including:

- a description of your substantive areas of interest
- the type of project you wish to undertake
- the particular methods of approach in which you want additional training
- the laboratory or research unit in which you would prefer to work

Please send this form, your research plan, and a copy of your curriculum vitae to:

Nancy C. Andreasen, M.D., Ph.D.
Attn: Vicki Foubert
2911 JPP The University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, IA 52242-1057