

Administrative Fellowship Program

APPLICATION CHECKLIST

2012 – 2013 Fellowship

Please complete:

Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ E-mail: _____

Graduate School: _____

Degree and Year: _____

Materials submitted:

- Application Checklist
- Cover letter
- Current resume or curriculum vitae
- Personal statement
- Three letters of recommendation
 - At least one from faculty at current academic program and one from a professional contact are required
- Official transcript of undergraduate and graduate coursework completed to date

PLEASE SUBMIT ALL MATERIALS IN ONE ENVELOPE POSTMARKED BY OCTOBER 1, 2011.

Mail to:

Peter Butler
President and Chief Operating Officer
Rush University Medical Center
1725 W. Harrison Street, Suite 364
Chicago, IL 60612

 RUSH UNIVERSITY
MEDICAL CENTER
www.rush.edu