

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**COUSINS CENTER FOR PSYCHONEUROIMMUNOLOGY**  
UCLA Neuropsychiatric Institute

**APPLICATION FOR POSTGRADUATE TRAINING**  
(for U.S. Citizens and U.S. Permanent Residents)

1. TITLE OF RESEARCH PROJECT \_\_\_\_\_

2. APPLICANT'S NAME AND ADDRESS:

\_\_\_\_\_  
Last First M.I. Birth Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. EDUCATION:

<u>Institution &amp; Location</u>	<u>Dates Attended</u>	<u>Major/ Specialization</u>	<u>Degree</u>	<u>Date Awarded</u>
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Undergrad: \_\_\_\_\_

Grad./Med. School: \_\_\_\_\_

Other Grad. Training: \_\_\_\_\_

4. U.S. CITIZEN?  Yes  No PERMANENT RESIDENT?  Yes  No  
*(If yes, please attach copy of Permanent Resident Card)*

Social Security Number: \_\_\_\_\_

5. MEDICAL LICENSURE (if applicable): State(s): \_\_\_\_\_

6. Have you previously been supported on an NRSA Institutional or Individual Grant?  Yes  No

If yes, please supply: Grant Title and Number: \_\_\_\_\_

Period of appointment: \_\_\_\_\_

7. PROPOSED PRECEPTOR (if preference known):

\_\_\_\_\_  
Name Department

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

8. Please provide a description of your career goals. *(Do not exceed one page.)*
9. Describe the research project you propose to undertake during your training. Include Specific Aims, Background and Significance, Research Design, and References. *(Do not exceed 3 pages, excluding references.)*
10. Comment on the relevance of this research to the field of psychoneuroimmunology.
11. Attach a copy of your curriculum vitae.
12. In the space below, please provide the names, addresses, phone numbers and e-mail addresses of three professional references from whom you have requested letters of recommendation. These letters should be sent to:  
Michael Irwin, M.D.  
Cousins Center for Psychoneuroimmunology  
UCLA Medical Plaza 300, Room 3109  
Box 957076  
Los Angeles, CA 90095-7076

**Please e-mail original PDF application to both Michael Irwin, M.D., Director of Cousins Center for PNI, at [mirwin1@ucla.edu](mailto:mirwin1@ucla.edu) and Sona Hovsepian, Fellowship Coordinator, at [shovsepian@mednet.ucla.edu](mailto:shovsepian@mednet.ucla.edu)**

**Should you have further questions please contact the Cousins Center at 310-825-8281**