



Weill Cornell Medical College

NewYork-Presbyterian Hospital
Weill Cornell Medical Center

Department of Medicine
NewYork-Presbyterian Hospital
Weill Medical College of Cornell University

MEDICAL RESEARCH TRACK
TRAINING PROGRAM

Name:

Medical School:

Fellowship:

PLEASE ANSWER QUESTIONS 1-3 SEPARATELY AND ATTACH TO THIS FORM. USE AS MUCH SPACE AS YOU NEED.

1. Describe the research you have conducted to date and its significance.
2. Describe your career plans and goals, including any research or clinical interests you may have developed. If known, please indicate the area(s) of subspecialty medicine in which you are interested.
3. List individuals with whom you would like to meet during your visit to NewYork-Weill Cornell in your order of interest.
4. Please list the individuals from whom you have requested letters of recommendation for this track. One of these letters should be from your primary research mentor/supervisor or thesis advisor for applicants who have completed a PhD, and one other individual familiar with your research.

| NAME | PHONE NUMBER | E-MAIL ADDRESS |
|------|--------------|----------------|
| | | |
| | | |
| | | |
| | | |

PLEASE E-MAIL THIS COMPLETED FORM, ANSWERS TO QUESTIONS 1-3, AND COPIES OF YOUR RELEVANT PUBLICATIONS AS ONE PDF FILE TO:

nypcornell-imresidency@med.cornell.edu