



**Institute for Women's Health**

**Pathway in Women's Health**  
**Application Form for Class of 2012**

**Due Date:** Feb. 27, 2009 by 5:00 p.m.

**Submit to:** Erin N. Marcus, M.D., M.P.H., F.A.C.P.  
Associate Medical Director  
Institute for Women's Health  
E-mail: [emarcus@med.miami.edu](mailto:emarcus@med.miami.edu)  
1120 NW 14<sup>th</sup> Street (M-716)  
Clinical Research Building, Suite 1140  
Miami, FL 33136

**1. Personal Contact Information:**

|                    |
|--------------------|
| Last Name:         |
| First Name:        |
| Telephone Numbers: |
| E-mail Address:    |

**2. Academic Training:**

Please list information regarding the academic degrees you have earned.

| University | Degree Earned | Date Awarded | Discipline |
|------------|---------------|--------------|------------|
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|            |               |              |            |
|            |               |              |            |

**3. Employment or Volunteer Experience:**

Please describe any relevant work or volunteer experience.

**4. Research Experience:**

Please describe any research experience.

**5. Statement of Interest and Purpose:**

Please tell us what interests you about this pathway.

Please describe what makes you a good candidate for this pathway.

If accepted to this pathway, what area of research would you like to pursue? Is there a specific faculty mentor with whom you would like to work?