



ADMINISTRATIVE FELLOWSHIP APPLICATION

Please complete this application and then mail with your transcript, resume, statement of goals and objectives, and recommendation letters to:

Attn: Sharon Baker
Senior Executive Assistant
UNC Hospitals
101 Manning Drive
Campus Box 7600
Chapel Hill, NC 27514

Phone: (919) 966-4423
Fax: (919) 966-3709
Email: sbaker@unch.unc.edu

Name:	_____
	<i>Last</i> <i>First</i> <i>Middle</i>
E-Mail:	_____
Street Address:	_____
City/State/ZIP:	_____
Phone:	() _____

Graduate Program:	_____		
How did you hear about the University of North Carolina Hospitals Administrative Fellowship Program?			
<input type="checkbox"/> University Office	<input type="checkbox"/> ACHE	<input type="checkbox"/> Friend	<input type="checkbox"/> Website
<input type="checkbox"/> Other (Please Specify):	_____		

Application Materials: Please mail all required materials in one envelope to the above address. Use the checklist below to ensure a complete application packet.

All application packets must be postmarked no later than **October 15th**.

Enclosure Check List:

- Application
- Current resume
- Graduate school transcript
- Statement of goals and objectives answering questions on website
- Three recommendation letters (preferably two academic, one professional)