



## Lars Leksell Radiosurgery Fellowship

### APPLICATION FORM

#### Personal Information

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

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Citizenship: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number (*including country code*): \_\_\_\_\_

#### Education

Medical School Name : \_\_\_\_\_

Degree Granted: \_\_\_\_\_

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

Residency Institution Name: \_\_\_\_\_

Date of Board Certification (Specialty): \_\_\_\_\_



## Language Skills

Level of English (*Proficiency*) : \_\_\_\_\_

Other language skills - please include level of proficiency:

\_\_\_\_\_

ISRS policy is to provide equal opportunity to all applicants. Decisions concerning fellowships are made upon the basis of the best qualified candidate disregarding color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, handicap, or any other characteristic protected by law.

**Personal Statement (max. 2000 characters including blanks):**

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