**Research Application for the**

**American Foundation of Lower Extremity Surgery and Research**

If you are interested in participating in research with the American Foundation of Lower Extremity Surgery and Research, either for a specific project, or for a 1 year research fellowship, Please fill out the information below.

I would like to participate in a specific project of interest with the doctors of the American Foundation of Lower Extremity Surgery and Research.

I would like to participate in a ONE year research fellowship with the American Foundation of Lower Extremity Surgery and Research.

Name

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|  |

Mailing Address

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E-mail Address Phone Number

|  |  |
| --- | --- |
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Institution Present Status or Title

|  |  |
| --- | --- |
|  |  |

Department Phone Number

|  |  |
| --- | --- |
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Department Address

|  |
| --- |
|  |

Project Title

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Applicant’s academic history, beginning with the most recent:

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| --- | --- | --- | --- | --- |
| College or University | Dates of Attendance | Degree Earned | Degree Date | Major/Field of Specialization |
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Previous research and publications

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| --- | --- | --- |
| Dates | Site of Research | Purpose |
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Which areas of research are of greatest interest to you?

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What is your general research experience?

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Any other relevant information you would like to share, such as long-term publication goals, current projects, etc.

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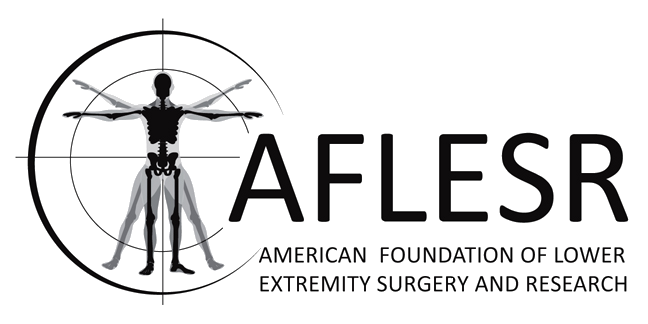
Signature

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Thank you for your interest in AFLESR and the research that we do.

J. Joseph Anderson

President



Please send a copy to Zflan Swayzee at:

2301 Indian Wells Dr. Suite A

Alamogordo NM, 88310

Or email:

zflanf@gmail.com with the subject of

Research Fellowship and Name