## **COLUMBIA UNIVERSITY**

## The Center for Psychoanalytic Training and Research 1051 Riverside Drive New York, New York 10032

## Application for Admission AFFILIATE SCHOLAR PROGRAM

Instructions: Please submit your completed application by email to <a href="mailto:psychoanalysis@cumc.columbia.edu">psychoanalysis@cumc.columbia.edu</a> or regular mail, and send a check for \$150, payable to Columbia University to Columbia University Center for Psychoanalytic Training and Research 1051 Riverside Drive, Box 63 New

York, N.Y. 10032.

	Date				
Name		Degree			
– Last	First	Middle			
Present Mailing/C	Office Address				
 City	State		Telephone		
Permanent		•		Hoi -	
			Telephone		
City	State	Zip Code			
Email address					
Day, month, & year of birth			Age		
Nationality  Citizenship  Primary language		Place of birth_			
		If not U.S., green	card or visa status		
		Other languages spoken			
Previous occupati	on (if any)				
Domestic Status:	Single	Married Div	orced Living with signific	cant other	

8.	Number of children								
9.	Social security number								
10.	Current position								
11.	. List in chronological order the schools you have attended.								
		Name and Address Of Institution	Date of Attendance	Degree Awarded	Year				
COL	LEGE								
MED	DICAL SCHOOL								
GRA (Spe	ADUATE SCHOOL cify field)								
12.	Please outline your t	teaching experience, curre							
13.		societies or organizations							
14.	Please list any award	ds, honors or prizes you h	ave received.						

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15.	Other professional or educational activities	
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16.	Names and addresses of three professional references from whom you have requested letters. Please ask these letters be sent by April 30 to the Psychoanalytic Center either by em (psychoanalysis@cumc.columbia.edu) or regular mail.	ıat ai]
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17. Please include a C.V. and a brief statement of your reasons for applying to the Affiliate Scholars Program.

