

Date

Dear PCCM Director,

I hereby accept appointment to the UCSD Pulmonary and Critical Care Division Fellowship Training Program.

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Signature

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Date

I understand and acknowledge that my fellowship begins on July 1.

During the period of 07/01 to 6/30, my address will be:

The telephone numbers at which I can be reached will be:

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Home

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Work

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Cell Phone

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E Mail Address (If available)

cc: Personnel File