UCSF Fresno

2012 Summer Biomedical Research Internship Program Application

Name: _____

Date of Birth: _____ Email Address: _____

Address: _____ City: _____ Zip: _____ _____

Home Phone:_____ Cell Phone: _____

Parent(s) or Guardian Name(s): _____

Parent Signature:_____

School: _____Year of Graduation: _____ _____

Statement of Understanding:

If accepted into the program, I understand that:

1. *I may not be absent for more than 3 days for the duration of the program (June 11 -Auɢ.   ')*
2. *I must attend and complete all required training sessions (specific dates to be agreed uᵢᵢ*
3. *I must attend the Presentation of Projects on Wednesday, August 1, 2012*

Yes, I agree ☐   Signature: _____

ONLY FIVE STUDENTS WILL BE SELECTED FOR 2012 PROGRAM

QUESTIONNAIRE

*Please answer the following questions. All answers to the questionnaire must fit on **one page**, ɪ̇.*

1. Describe a class or a specific class experience that was particularly significant to you.
2. Which extra-curricular activities do you particularly enjoy and why?
3. How do you think that the sciences relate to the practice of medicine? What other subjects feel are also important in medicine?
4. What are your career goals?
5. What do you hope to experience if you are selected for this program?

DEADLINE FOR APPLICATIONS

**Tuesday, Feb. 21, 2012 by
5 p.m.**

Mail or deliver application to:
**UCSF Fresno Dean's Office
155 North Fresno
Fresno, CA 93701
559-499-6423
sbi@fresno.ucsf.edu**

APPLICATION INSTRUCTIONS:

✓ Questionnaire: Please answer all questions. Ans
  should be one page typed (for all 5 questions).
✓ One Letter of Recommendation from teacher ᴄ
  counselor on school letterhead
✓ Current High School transcript: including first seᵢ
  grades from your junior year
✓ Most recent score on PSAT or SAT
✓ Do not send awards, certificates or other informː
✓ Use at least 10-point font, Arial or Times Roman
✓ No staples; use a paper clip to attach papers t
✓ Submit a COMPLETE application packet. **Incomp**
  late applications WILL NOT be considered.