



Undergraduate Cancer Research Training Program (UCRTP) Application

Student Information

Last Name: First Name: Middle Initial:

Address:

City: State Zip Code:

Telephone Number: Email:

(xxx-xxx-xxxx)

Date of birth: Age: Gender Social Security Number

(mm/dd/yyyy)

(last 4 digits 000-00-xxxx)

Please choose one of the following categories which you identify with the most:

If other, please specify:

Health Insurance

Do you have health insurance? *(Please note that this will not affect your acceptance).*

Yes

No

If so, will you be able to provide a copy of your insurance card upon acceptance?

Yes

No

Program Dates

We have two program schedules to accommodate students on either the quarter or semester system. Please choose the program track you will be able to commit to for the entire 12 weeks.

1. Semester System Track

Program Dates: **May 21, 2018- August 10, 2018**

Yes, I am available to attend the Semester System Track.

2. Quarter System Track

Program Dates: **June 18, 2018- September 7, 2018**

Yes, I am available to attend the Quarter System Track.

Educational Background

Beginning with the institution you are currently attending, please list the colleges, universities, and high school you have attended.

Name of School/Location (City/State)	Major/Expected Degree	Expected Graduation Date (Month/Year)	Overall GPA
High School:			
College:			
College:			
College:			

Current year in college: Freshman Sophomore Junior Non-Graduating Senior Other *(please specify below)*



Extra Curricular Activities

Please list activities and provide a brief description.

Activity	Description

Employment Information/Work Experience

Please list all work experience, including non-research related.

Company Name	Dates of Employment	Title/Position

References

Please provide the names and contact information for the two individuals you have requested letters of recommendation from. (Please forward your recommenders the letter of recommendation form)

Recommender 1:

Name: Title:

Institution: Telephone Number:
xxx-xxx-xxxx

Email Address:

Recommender 2:

Name: Title:

Institution: Telephone Number:
xxx-xxx-xxxx

Email Address:

Official Transcripts Please mail the official transcripts to: Milena Pavlova, Division of Cancer Research & Training
Charles R. Drew University of Science and Medicine
1731 E. 120th Street, Los Angeles, CA 90059



Short Answer Questions *Please answer the following questions in the area provided.*

1. What are your hobbies or main interests outside of school?

2. What other summer programs are you applying to?

3. What are your long term education and career objectives? Please choose one of the following:

4. Briefly describe any independent study or projects that you have completed.

5. What are your research interests?



Essay Question

Please limit your answer to the space below.

What are your expectations of the CDU/UCLA Undergraduate Cancer Research Program and what do you hope to gain from your participation in the program? How will it help you achieve your academic and career objectives stated in the short answer portion?

I hereby certify that the above information provided on this application is correct to the best of my knowledge.

Signature:

Date:

mm/dd/yyyy

How did you hear about UC RTP?