



**LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE
CENTER FOR HEALTH DISPARITIES & MOLECULAR MEDICINE (CHDMM)
Office of Student Development in the Biomedical Professions (OSD)
Application for summer research for the Undergraduate Training Program (UTP)**

ALL SECTIONS MUST BE FILLED IN COMPLETELY! PLEASE PRINT LEGIBLY OR TYPE IN INFORMATION. Today's Date: _____

I. GENERAL INFORMATION: SSN: _____ DOB: _____ Gender: M F Age: _____

Full Name: _____
LEGIBLE FIRST MIDDLE LAST

Your Mailing Address at School: _____
ADDRESS DURING SCHOOL YEAR STREET

CITY STATE ZIP

Current Telephone number(s): Cell: _____ Home/Dorm phone at School: _____

At least 2 E-mails: _____

A personal e-mail such as (gmail, hotmail, yahoo, aol, etc., other than school e-mail.)

Ethnicity: _____ **USA citizen:** Yes No

Please enter type of visa if not US citizen: _____ **Permanent Resident #:** _____

Home/Permanent Address: _____
ADDRESS WHEN AT HOME AFTER SCHOOL YEAR (IF NOT THE SAME AS ABOVE) STREET

CITY STATE ZIP

Home Phone Number(s): _____ Parent Cell: _____ Parent Cell: _____

In case of emergency (other than parents if information is above):

Name of Parent/Relative/Guardian: _____ **E-mail:** _____

Address: _____ Phone: _____

II. CURRENT EDUCATIONAL BACKGROUND: **Current school year:** _____

College/University attending: _____

Today you are a: FRESHMAN SOPHOMORE JUNIOR SENIOR 5th YR SENIOR (check one)

Major: _____ Minor: _____

GPA (Total): _____ GPA (in major): _____

Special Honors received: _____

Future career goals: _____

MD MD/PhD PhD (circle one – Anatomy, Biochemistry, Microbiology, Pharmacology, Physiology, Psychology) DrPH (Public Health) Masters

What do you think you can contribute to the program this summer? _____

How did you hear about the summer research program? _____

III. PREVIOUS RESEARCH EXPERIENCE: (attach an additional sheet if needed)

1. Have you had previous research experience? Yes No If **YES**, give Title(s) of research project or topic:

2. Give name(s) of previous research mentor(s): _____

Telephone: _____ Email: _____

3. List any publication(s) or scientific meeting presentation(s) (add another sheet of paper if necessary):

IV. SCIENTIFIC OR STUDENT ORGANIZATION(S) in which you are or have been an active member (provide dates):

V. **BASIC RESEARCH AREAS OF INTERESTS:** Please list choices in order of preference 1 thru 5.

RANK	RESEARCH AREA INTEREST	MENTOR NAME	MENTOR NAME	MENTOR NAME
	Cancer Biology	1.	2.	3.
	Cardiovascular Physiology	1.	2.	3.
	Cellular and Molecular Biology	1.	2.	3.
	Developmental Biology	1.	2.	3.
	Immunology	1.	2.	3.
	Microbiology	1.	2.	3.
	Molecular Genetics	1.	2.	3.
	Neurobiology/Neuroscience	1.	2.	3.
	Psychology	1.	2.	3.
	Public Health – epidemiology, health education, etc	1.	2.	3.

NOTE: This is not clinical hospital research.

If your first three choices are not available, are you willing to work in a different research area?

Yes No If **YES**, what area? _____

- VI. ESSAY:** On a separate sheet of paper please write a 400 to 500-word essay addressing the following questions:
Why would you like to participate in the UTP at Loma Linda University? How do you anticipate this program will help you in your future goals as a biomedical researcher? What are your future career plans? What do you perceive yourself doing 5 or 10 years from now? What do you wish to gain from this summer experience?
- VII. TRANSCRIPTS:** Submit a copy of your current college **TRANSCRIPTS** from any and all previously attended colleges and/or universities.
- VIII. LETTERS OF REFERENCE:** Request **LETTERS OF REFERENCE** from three faculty members who are familiar with your research or academic background (preferably science professors).
- IX. REQUIRED:** Students applying must attend **all 8 weeks** in order to receive full compensation and recognition for participation in the summer research program with the Center for Health Disparities and Molecular Medicine, Undergraduate Training Program – CHDMM UTP.

APPLICANT'S SIGNATURE

DATE SIGNED

NOTE: Send complete application (with essay, 3 letters of recommendation, current transcripts) to:

Undergraduate Training Program (UTP)
Office of Student Development in the Biomedical Professions
Center for Health Disparities and Molecular Medicine
Loma Linda University, School of Medicine
Keren Espinoza, MSHSA
Project Manager
Mortensen Hall Suite 132
11085 Campus Street
Loma Linda, CA 92350
kespinoza1@llu.edu
TEL (909) 558-8622
FAX (909) 558-0196

Incomplete applications may not be considered.
If you have any questions regarding the summer CHDMM basic science research programs, please feel free to contact us by calling or e-mailing.