

## 2015 Pre-Health Undergraduate Program (PUP) Application

### Instructions

#### Application instructions.

Please read and follow the following instructions carefully to ensure that you submit an accurate and complete application.

- Carefully review the program requirements before you begin: <http://accelerate.ucsf.edu/training/pup>.
- You can complete a partial application and save and return to it later, but the application must be submitted **WITHIN 7 DAYS** of beginning it. To save the application and resume later, click "Save Answers and Resume Later." You will receive a URL that you will need to save on your computer so that you may return to your partially completed application. Note that the URL takes you back to the first page (this one) of the application. To get to where you wish to resume completing the application, use the NEXT buttons at the bottom of the page. NOTE: THE APPLICATION SOFTWARE DOES NOT SAVE ANY OF YOUR PDF ATTACHMENTS THAT YOU UPLOAD IF YOU CHOOSE TO "SAVE ANSWERS AND RESUME LATER".
- Given the limitation that you must complete the application within 7 days, we suggest that you print the PDF version of the application form posted on the program website to review what is required in the application and have everything on hand that you need to complete the application ahead of time. For example, you will want to create PDF documents for any parts of the application that may require you to upload a PDF (e.g. transcripts, resume, etc).
- Only PDF formatted documents (no MS Word, Excel, PPT, etc) may be uploaded to the application. **Be SURE that the PDF attachments are NOT password protected or secured.**
- Before you submit your application, we suggest that you use the "Previous" and "Next" buttons at the bottom of the pages to review your application for accuracy. You won't be able to submit the application if required elements are missing.
- You are only allowed to submit the application once per primary email address. You are responsible for submitting a complete and accurate application. You will receive an email confirmation including a copy of your submitted application. If you discover that you have made a major error after submitting your application, please notify Christian Leiva at [Christian.Leiva@ucsf.edu](mailto:Christian.Leiva@ucsf.edu). Note that changes will be at the discretion of the PROGRAM and must be completed by the deadline.
- The deadline for this application is February 23, 2015. All materials must be received by the deadline to be considered.

### APPLICANT INFORMATION

First Name\*

Last Name\*

Middle Initial

Home Address\* Address Line 1\*


Address Line 2

City

<input type="text"/>	▼
State	
<input type="text"/>	
Zip Code	
Permanent Address (if different from Home Address) Address Line 1	
<input type="text"/>	
Address Line 2 <input type="text"/>	
<input type="text"/>	
City	
<input type="text"/>	▼
State	
<input type="text"/>	
Zip Code	
Primary Email Address* <input type="text"/>	
(university or other primary email)	
Alternate Email Address* <input type="text"/>	
(personal email or other alternate email AND cannot be the same as the Primary Email Address)	
Home Telephone <input type="text"/>	
Mobile Telephone* <input type="text"/>	
Fax <input type="text"/>	
Emergency Contact Information*	
<input type="text"/>	
First Name*	
<input type="text"/>	
Last Name*	
Emergency Contact Telephone* <input type="text"/>	

## APPLICANT DEMOGRAPHIC INFORMATION

The Pre-Health Undergraduate Program is specifically geared towards the recruitment of underrepresented minority students, though it is open to all. In order to meet our goals accurately, we need to ask the following questions.

Gender*	
<input type="radio"/> Female	
<input type="radio"/> Male	
Date of Birth*	
Month	<input type="text"/>
Day	<input type="text"/>
Year	<input type="text"/> 
Citizenship*	
<input type="radio"/> U.S. Citizen or Non-citizen National	
<input type="radio"/> Non-U.S. Citizen with a permanent US Resident Visa ("Green Card")	
<input type="radio"/> Non-U.S. Citizen with a Temporary Visa	
If not a U.S. Citizen, of which country are you a citizen? <input type="text"/>	
Do you have a Social Security Number? *	
<input type="text"/>	

- Yes  
 No

Are you Hispanic (or Latino)?\*

- Yes  
 No  
 Do not wish to provide

Hispanic/Latino Nationality\*

- U.S. Born  
 Central American, please specify in Other  
 Cuban  
 Puerto Rican  
 Mexican  
 South American, please specify in Other  
 Prefer not to disclose  
 Other:

check all that apply

What is your racial background?\*

- American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  
 Asian  
 Black or African American  
 White  
 Do not wish to provide

check all that apply

Native American Ethnicity\*

- American Indian  
 Native Alaskan  
 Prefer not to disclose  
 Other:

check all that apply

Hawaiian/Pacific Islander Nationality\*

- U.S. Born  
 Native Hawaiian  
 Fijian  
 Guamanian  
 Marshallese  
 Melanesian  
 Micronesian  
 Polynesian  
 Samoan  
 Tahitian  
 Tongan  
 Prefer not to disclose  
 Other:

check all that apply

Asian Nationality\*

- U.S. Born  
 Bangladeshi  
 Burmese/Myanmarese  
 Chinese

- Filipino
- Indian
- Indonesian
- Japanese
- Korean
- Laotian
- Malasian
- Nepali
- Pakistani
- Sri Lankan
- Thai
- Vietnamese
- Prefer not to disclose
- Other:

check all that apply

#### African Nationality

- U.S. Born
- African
- Haitian
- West Indian
- Prefer not to disclose
- Other:

check all that apply

#### Caucasian Ethnicity\*

- U.S. Born
- European
- North African
- Middle Eastern
- South African
- Prefer not to disclose
- Other:

check all that apply

#### Are you from a disadvantaged background?\*

- Yes
- No
- Do not wish to provide

Individuals from a disadvantaged background must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Dept of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

#### Are you the first generation in your family to attend college?\*

- Yes
- No

#### Do you have a disability (physical or mental impairment that substantially limits one or more major life activities)?\*

- Yes
- No
- Do not wish to provide

#### If disabled, which of the following describes your disability(ies)?

- Hearing
- Visual

Mobility/Orthopedic Impairment

Other:

Where did you hear about PUP?\*

Campus Club or Organization

Department

Email

Faculty

Former PUPs

Listserv

Newsletter

Presentation

Other:

Check all that apply. Please be as detailed in your responses as possible.

What club or organization?\*

Which department?\*

From whom or what group was the email?\*

If me, then the person or group the email was addressed to.

What is the faculty member's name and department?\*

Which former PUP(s)?\*

What listserv?\*

Which newsletter?\*

Which presentation?\*

If you remember: time, place, date, presenter(s)

## EDUCATION

Current University\*

San Francisco State University (SFSU)

University of California, Berkeley (UCB)

Other:

Current Year\*

Freshman

Sophomore

Junior

Senior

Please check one

Current GPA\*

Please provide the most current cumulative GPA to include your most recently completed semester. If you are a transfer student, please calculate and enter your combined GPA. If you are a transfer student and your current institution has already calculated your combined GPA for you, please enter it here. Enter GPA to two decimal places only.

Degree\*

Bachelor of Arts (BA)

Bachelor of Science (BS)

Other:

Major\*

Graduation (or expected Graduation) Year\*

Year during Fall 2015 Quarter/Semester

- Sophomore  
 Junior  
 Senior  
 Degree Completed  
 Please check one

## HONORS AND AWARDS

Please list up to 3 academic honors or awards of which you are most proud

Honor or Award 1	
Honor or Award 2	
Honor or Award 3	

## ATTACHMENTS AND COMMITMENT STATEMENT

Only PDF format is accepted. Please complete the rest of the form before adding attachments.

Transcript\*

Unofficial copies accepted.

Other Institution Transcript 1

Please attach transcripts from previously attended post-high school institutions. Unofficial copies accepted.

Other Institution Transcript 2

Please attach transcripts from previously attended post-high school institutions. Unofficial copies accepted.

Commitment to attend course and pre-course meetings\*

Please state above if you foresee no conflicts in attending the orientation meeting and pre-course lectures on 07/27 and 07/29 and all lectures and sections for the course (every Wednesday and Monday, 08/03-08/26). If you do foresee a conflict, please explain above.

Resume\*

Please upload a copy of your current resume.

Applicant Essay (DO NOT EXCEED 2 pages or 600 words.)\*

Please describe: 1) Your motivation to pursue a career in health and any obstacle that you have surmounted along the way. 2) Your interest in learning about a career in research. 3) Any academic counseling you have received that has encouraged you in your pursuit of a career in dentistry, medicine, nursing, physical therapy, and pharmacology. 4) Goals you would set for yourself if selected to be a UCSF CTSI undergraduate student in the Designing Clinical Research course. \* If your GPA is less than 2.5 yet you believe that you would be a strong candidate, include a description of obstacles or barriers you have encountered that should be taken into consideration.