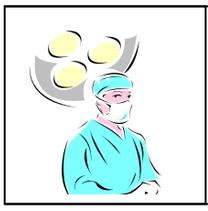
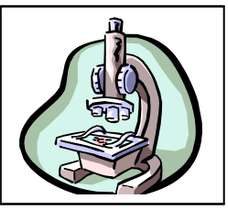


UT-SUMR FELLOWS PROGRAM
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS



(PLEASE TYPE OR PRINT)

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

ADDRESS DURING SCHOOL YEAR	ZIP CODE	PHONE
PERMANENT ADDRESS	**ZIP CODE**	**PHONE**

U.S. CITIZEN OR PERMANENT RESIDENT	TEXAS RESIDENT	EMAIL ADDRESS
☐ YES ☐ NO	☐ YES ☐ NO	

EDUCATION RECORD

NAME OF INSTITUTION (HIGH SCHOOL OR COLLEGE)	CITY	DATES ATTENDED FROM-TO	LEVEL COMPLETED	FIELD OF STUDY

EXPECTED DATE OF GRADUATION	CLASSIFICATION AS OF JUNE 2005 ☐ SOPH. ☐ JR. ☐ SR.
GRADE POINT AVERAGE (COLLEGE)	SCIENCE/MATH G.P.A.

HONORS, AWARDS

FACULTY MEMBERS WHO WILL WRITE LETTERS OF REFERENCE

NAME	TITLE AND INSTITUTION	ADDRESS	TELEPHONE

*This program is ***only*** intended for students who wish to pursue ***only*** an **MD** degree. If you are interested in obtaining a **PhD**, or **MD, PhD**, then you should be applying to the SURF program. Please note that your application **WILL NOT** be considered for the UT-SUMR program if you are wishing to pursue a **PhD** or **MD, PhD**.

A completed application consists of this form (both pages), official transcripts from each undergraduate institution attended, and at least two letters of reference from science or mathematics teachers, advisers or employers. Letters should discuss the applicant's scientific and intellectual abilities, previous training and experience, and potential for a career in research.

Application should be received by February 7, 2005.

Application materials (this form, transcripts, and letters) should be mailed directly to:

Associate Dean for Medical Student Research
UT Southwestern Undergraduate Medical Research Fellowship Program
The University of Texas Southwestern Medical Center at Dallas
5323 Harry Hines Blvd.
Dallas, TX 75390-8857
(214)-648-3685

Applicant's Signature Date

Disclaimer: With few exceptions, you are entitled on your request to be informed about the information UT Southwestern Medical Center collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Southwestern Medical Center correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT Southwestern Medical Center collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

_____
Applicant Name

Briefly discuss the following, using the corresponding numbers to set off the individual sections:

1. Your educational, research and/or employment experience as it relates to your interest in continued training in research.
2. Areas of particular interest in science and your reasons for these choices. Be as specific as possible. This section is used in assigning fellows to their individual research projects.
3. Your plans for future professional or graduate education and eventual plans for a career. How does research fit into these plans?

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Please type (no smaller than 12 pitch). You may use no more than one continuation page. Do not include a separate resume. Please number your answers.