



Major: \_\_\_\_\_ Overall GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_

**II. Please answer the following questions or statements in the space provided. Use additional paper as necessary.**

**1. Why do you wish to participate in this program?**

**2. List previous research-related activities or programs that you have participated in.**

**3. What is your research interest?**

**4. Describe how you will combine research with your medical career goals.**

**5. List hobbies and extracurricular activities that you participate in:**

**III. REFERENCE INFORMATION**

Please list the names and addresses or telephone numbers of at least two faculty members you have asked to write letters of recommendation on your behalf:

1. Reference \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Reference \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_  
Relationship \_\_\_\_\_

I certify the information provided in the above application is true, to the best of your knowledge.  
(Please sign and date after completing the application.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To submit application: Click button below to submit by email or to print.  
Send official transcript and letters of recommendation to:**

**Special Programs - NIAID  
Office of Student Affairs and Admissions  
UTMB School of Medicine  
301 University Boulevard  
Galveston, Texas 77555-0807  
FAX: (409) 772-5148**

**For more information please contact:**

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