

**UCSF CTSI Pre-Health Undergraduate Program
Self-Screening Form**

THIS IS FOR YOUR OWN PERSONAL USE ONLY AND IS NOT TO BE SUBMITTED TO THE PROGRAM.

Dear Prospective Applicant:

The focus of our program is particularly on serving underrepresented minorities. However, our definition of what that encompasses is very wide and varied so you should fill out this form to see if you should apply. This form will help you determine if this program is right for you.

SECTION I: ACADEMIC STANDING

1. Are you currently enrolled in a four-year academic institution? ____ Yes ____ No
2. Will you have completed two years (four semesters or equivalent) of college coursework in good standing before Summer 2018? ____ Yes ____ No
3. Will you be at least a rising Junior by the 2018 Fall Quarter/Semester? ____ Yes ____ No
4. Do you have a cumulative GPA of 3.50 or higher? ____ Yes ____ No (If No, you will have to provide justification in the narrative portion of the application.)

If you answered No to any of the above questions, you should consider waiting another year before applying.

SECTION II: UNDERREPRESENTED MINORITY STATUS

1. Do you identify as a sexual minority such as gay, lesbian, bisexual, transgender or any other non-cisgender non-heteronormative identity or orientation? ____ Yes ____ No
2. Do you identify as Hispanic, Latino, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Black, or African American? ____ Yes ____ No
3. Do you identify as an underrepresented Asian minority such as Bangladeshi, Filipino, Vietnamese or other underrepresented Asian minority? ____ Yes ____ No
4. Do you identify as an underrepresented White minority such as Czech, Georgian, Serbian or other underrepresented White minority? ____ Yes ____ No
5. Are you and/or your parents refugees from your country of origin? ____ Yes ____ No
6. Are you 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)? ____ Yes ____ No
7. Are you the first generation in your family to attend college? ____ Yes ____ No
8. Do you have a disability (physical or mental impairment that substantially limits one or more major life activities)? ____ Yes ____ No

If you answered Yes to one or more of the questions in SECTION II, please apply by the deadline.

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