

## Default Question Block

### INSTRUCTIONS

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

1. Carefully review the program requirements before you begin:  
[https://epibiostat.ucsf.edu/pre-healthundergraduate- program](https://epibiostat.ucsf.edu/pre-healthundergraduate-program).
2. Please aim at completing the application all at once. You will have to start over if your application is incomplete.
3. Given the limitation that you must complete the application to submit, 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).
4. 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. Failure to do this may cause your application to be delayed or even denied.
5. 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.

6. You are responsible for submitting a complete and accurate application. If you discover that you have made a major error after submitting your application, please notify Gianna Guerrero. Note that changes will be at the discretion of the PROGRAM and must be completed by the deadline.

7. The deadline for this application is March 4, 2024 by 11:59 PM. The deadline for the recommender is one week later on March 11, 2024 by 11:59 PM. All materials must be received by this deadline to be considered.

## APPLICANT INFORMATION

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First Name

Preferred First Name (if different from above)

Middle Initial

Last Name

Home Address

Permanent Address (if different from above)

Primary Email Address (university or other primary email)

Alternate Email Address (personal email or other alternate email AND cannot be the same as the Primary Email Address)

Mobile Telephone [in (xxx) xxx-xxxx format]

Please list any social media account IDs you'd like to share with us:

 LinkedIn: Instagram: Twitter: Other (please specify):

Emergency Contact First Name

Emergency Contact Last Name

Emergency Contact Phone Number

Emergency Contact Relationship (mother, father, sister, friend, etc.)

### APPLICANT DEMOGRAPHIC INFORMATION

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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 Identity

Female

Male

Non-binary / third gender

Prefer not to say

 Other

Personal Pronouns (he/him/his, she/her/hers, they/them/theirs, etc.)

Sexual Orientation

Bisexual

Gay

Lesbian

Straight/Heterosexual

Prefer not to say

Other

Date of Birth (in mm/dd/yyyy format)

Citizenship

U.S. Citizen or Non-citizen National

Non-U.S. Citizen with a permanent US Resident Visa ("Green Card")

Non-U.S. Citizen with a Temporary Visa

If not a U.S. Citizen, of which country are you a citizen?

Do you have a Social Security Number?

Yes

No

Are you Hispanic or Latin(@/x)?

Yes

No

Prefer not to say

Hispanic/Latin(@/x) Nationality (select all that apply)

U.S. Born

Central American, please specify in Other

Cuban

Puerto Rican

Mexican

South American, please specify in Other

Prefer not to say

Other

What is your racial background (select all that apply)

Native American or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

Black or African American

White

Prefer not to say

Other

Native American Ethnicity (select all that apply)

American Indian

Native Alaskan

Prefer not to say

Other

Hawaiian/Pacific Islander Nationality (select all that apply)

U.S. Born

Native Hawaiian

Fijian

Guamanian

Marshallese

Melanesian

Micronesian

Polynesian

Samoan

Tahitian

Tongan

Prefer not to say

Other

### Asian Nationality (select all that apply)

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:

### African Nationality

U.S. Born

African

Haitian

West Indian

Prefer not to say

Other

Caucasian Ethnicity (select all that apply)

U.S. Born

European

North African

Middle Eastern

South African

Prefer not to say

Other

Are you from a disadvantaged background? [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.]

Yes

No

Prefer not to say

Are you and/or your parents refugees from your/their country of origin?

Yes

No

Were you ever in the Foster Care system in the United States?

Yes

No

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

Prefer not to say

If disabled, which of the following describes your disability(ies)? (select all that apply)

Hearing

Visual

Mobility/Orthopedic Impairment

Other

Where did you hear about PUP? (select all that apply; please be as detailed in your responses as possible)

Campus Club or Organization

Department

Email

Faculty

Former PUPs

Listserv

Newsletter

Presentation

Social Media

Other

What club or organization? (name and email of club or organization)

Which department? (name and email of department)

From whom or what group was the email? (If Christian Leiva, then the name and email of the person or group the email was addressed to.)

What is the faculty member's name, department, and email?

Which former PUP(s)? (please provide names and emails)

What listserv? (name and email of listserv)

Which newsletter? (name and email of newsletter)

Which presentation? [time, place, date, presenter(s)]

What social media outlet? (Facebook, Twitter, LinkedIn, etc. and name of person, group, or page)

**EDUCATION**

EDUCATION

Current University

San Francisco State University

University of California, Berkeley

City/Community/Junior College (which?)

Other CSU (which?)

Other UC (which?)

Other

Current Year

Freshman

Sophomore

Junior

Senior

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(s)

Bachelor of Arts (BA)

Bachelor of Science (BS)

 Other

Major

2nd Major (if applicable)

Minor (if applicable)

2nd Minor (if applicable)

Graduation (or Expected Graduation) Year (four-digit year only; in yyyy format)

Year during Fall 2024 Fall Quarter/Semester

Sophomore

Junior

Senior

Degree Completed

### 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

### COMMITMENT STATEMENT AND ATTACHMENTS

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#### COMMITMENT TO ATTEND COURSE AND PRE-COURSE MEETINGS

Please state if you foresee no conflicts in attending all lectures and sections for period of the PUP program; every Tuesday and Thursday, 07/16 through 08/15 for all subsequent weeks. If you do foresee a conflict, please explain.

Please collate all attachments in the order specified below and submit as one PDF document:

- 1) Transcript [ensure they are not secured or password-protected and will open on our end before you submit (unofficial copies accepted)]

2) Other Institution Transcript 1 [if any, please attach transcripts from previously attended post-high school institutions, ensure they are not secured or password-protected and will open on our end before you submit (unofficial copies accepted)]

3) Other Institution Transcript 2 [if any, please attach transcripts from previously attended post-high school institutions, ensure they are not secured or password-protected and will open on our end before you submit (unofficial copies accepted)]

4) Resume (please upload a copy of your current resume)

5) Applicant Essay (DO NOT EXCEED 2 pages or 600 words); please describe:

a) Your motivation to pursue a career in health and any obstacle that you have surmounted along the way.

b) Your interest in learning about a career in research.

c) Any academic counseling you have received that has encouraged you in your pursuit of a career in dentistry, medicine, nursing, physical therapy, and pharmacology.

d) Goals you would set for yourself if selected to be a UCSF CTST undergraduate student in the Designing Clinical Research course.

e) Only if your GPA is less than 3.5: If 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.

Please remember to collate all documents in the above order and attach as a single PDF document.

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