

## EMAIL MAILING LIST – SIGNUP SHEET

**General Information** *(please print clearly or type)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

UCLA ID # \_\_\_\_\_ Gender  M  F

Cell Phone \_\_\_\_\_ Evening/Home Phone \_\_\_\_\_

*Area Code    Number* *Area Code    Number*

E-Mail Address \_\_\_\_\_

Undergraduate Major \_\_\_\_\_

Ethnicity: (please check all that apply if multi-racial)

- Black/African American
- Caucasian
- Chicano/a/Mexican American
- Latino/a
- Native Alaskan *(indicate tribal affiliation)* \_\_\_\_\_
- Native American *(indicate tribal affiliation)* \_\_\_\_\_
- Pilipino/a
- Puerto Rican
- Asian American (please specify) \_\_\_\_\_
- Other *(please specify)* \_\_\_\_\_

Year in School  1st  2nd  3rd  4th  5th Estimated Year of Graduation \_\_\_\_\_

Did you transfer to UCLA?  Yes  No If yes, what college/university? \_\_\_\_\_

Were you part of a Bridge Program?  Yes  No If so, give year and location \_\_\_\_\_

Ultimate Degree Objective: (please choose two maximum)

- |   |   |
|---|---|
| <input type="checkbox"/> B.S. Only                    | <input type="checkbox"/> M.D.                         |
| <input type="checkbox"/> Teaching Credential          | <input type="checkbox"/> M.D./Ph.D.                   |
| <input type="checkbox"/> Masters                      | <input type="checkbox"/> Ph.D. (field of study) _____ |
| <input type="checkbox"/> Other <i>(specify)</i> _____ |   |

Are you receiving financial aid? \_\_\_ Yes \_\_\_ No

How did you learn about URC/CARE **(required)**?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Orientation                 | <input type="checkbox"/> AAP / PLUS      | <input type="checkbox"/> Counselor         | <input type="checkbox"/> Web site                |
| <input type="checkbox"/> SRP workshop                | <input type="checkbox"/> Another student | <input type="checkbox"/> AAP Scholars Days | <input type="checkbox"/> Transfer Scholars Days  |
| <input type="checkbox"/> Hallway of LSB              | <input type="checkbox"/> Flyer or Ad     | <input type="checkbox"/> Open House        | <input type="checkbox"/> Covell Commons Workshop |
| <input type="checkbox"/> Other: Please specify _____ |  |  |  |

***I hereby certify to the best of my knowledge that all information submitted is complete and correct. By submitting this completed application, I agree to receive emails on events, internships, workshops and scholarships that are related to undergraduate research. My email address will not be shared with programs, people and departments outside of UCLA.***

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Please fill in and return to: URC/CARE  
2121 Life Science Building  
Box 951606  
Los Angeles, CA 90095-1606