



**SUMMER HIGH SCHOOL RESEARCH ACADEMY**  
**UC IRVINE SCHOOL OF MEDICINE**

Phone: 714.456.7509 E-mail: [cfhp@uci.edu](mailto:cfhp@uci.edu)

**2012 Student Application**

Enrollment is limited to 12 students for this session, July 23<sup>rd</sup> to August 3<sup>rd</sup>. The program is open to high school juniors and seniors and those entering college. Applicants must be at least 16 years of age. Applications are reviewed on a first-come basis and evaluated on the student's academic record, level of commitment to the program and a teacher recommendation letter.

Please type or print legibly and send or fax the completed application to:

Behnoosh Afghani, MD  
UC Irvine Medical Center  
101 City Drive, South, Bldg 26  
Orange, CA 92868  
**Fax: 714.456.7182**

The cost of the 2 week session is \$2,250.

Students must provide their own transportation. But we can provide free parking.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

High School Phone: \_\_\_\_\_ Grade level: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Parent/Guardian Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's email \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

