Phone: 714.456.7509 E-mail: 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:C	urrent 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		

Major hobbies and/or extracurricular activities
Please describe why you would like to join the Summer Research Academy (minimum of 100 words; use additional pages if needed):
To accept registration and permit participation in the Summer High School Research Academy by the above individual, I, the parent or guardian of said individual, hereby consent and agree to release, indemnify and hold harmless the University of California, the UC Irvine Summer High School Research Academy, its instructors and representatives from any claim arising from injury to the above named individual. We also hold harmless the University of California, the Summer High School Research Academy, its instructors and representatives from any claim arising from injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment on religious or philosophical beliefs.
I also give permission to reprint, without charge, any photographs or videos of myself or my child taken at during the Summer Premed Program. These photographs/videos may be published at a future date in various publications, such as brochures, websites or presentations related to the program. I recognize that I have no further claims on the author or publisher of these works.
Those students accepted to the program must complete online tutorials and registration materials prior to the start of session.
Signature of Student:Date:
Signature of Parent/Guardian:Date:
Parent/Guardian Name (Please print legibly):