



SUMMER RESEARCH ACADEMY

UC IRVINE SCHOOL OF MEDICINE

Phone: 714.456.7509 E-mail: cfhp@uci.edu

2012 Student Application

Enrollment is limited to 12 students for this session, July 23rd to August 3rd. 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: _____ Student's Soc. Sec. # _____

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 _____

