

**University of Texas M.D. Anderson Cancer Center  
Application for Medical Student Summer Research Program  
in Biomedical Sciences**

**BIOGRAPHICAL INFORMATION**

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**U.S. Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Telephone No.** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Permanent Mailing Address:** \_\_\_\_\_  
Number and Street City State Zip

**Permanent Message Contact:** \_\_\_\_\_  
Name Relationship Telephone Number

**Your E-Mail Address:** \_\_\_\_\_

**Country of Citizenship or Last Permanent Residency:** \_\_\_\_\_

**If U.S. Citizen, Naturalized?** Yes \_\_\_ No \_\_\_ **If Non-U.S. Citizen, Current Visa Status** \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes \_\_\_ No \_\_\_ **If yes, give details of conviction including dates** \_\_\_\_\_

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**ACADEMIC HISTORY**

**MEDICAL SCHOOL**

Name of Institution & Location	Dates Attended From/To (Month/Year)	Degree	Date Awarded or Expected

**COLLEGE OR UNIVERSITY**

Name of Institution & Location	Dates Attended From/To (Month/Year)	Major Field of Study	Degree	Date Awarded

**Extracurricular Activities (including community, athletics, work, awards, etc.):** \_\_\_\_\_

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**List college academic awards, honors and fellowships** \_\_\_\_\_

Names and addresses of two references:

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**MEDICAL PROGRAM APPLICATION MUST BE ACCOMPANIED BY:**

- (1) Statement of current standing in Medical School;
- (2) Copy of College Transcript;
- (3) Two (2) letters of recommendation re: research aptitude or experience;
- (4) Letter from student.

**MAIL TO:**

Ilka Rios, DMD, MS, Training Program Co-leader  
U54 Summer Research Program  
UPR - Medical Sciences Campus  
Office A-142-B, Main Building  
PO Box 365067  
San Juan, PR 00936-5067  
Phone: 787-758-2525 Ext. 1223

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**VOLUNTARY INFORMATION**

Date of Birth (MM/DD/YY) \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Please indicate your ethnic origin:

American Indian/Native Alaska	_____	Asian/Pacific Islander	_____
Black, Non-Hispanic Origin	_____	Hispanic	_____
White	_____	Other	_____

Are you, or have you even been, in the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, branch \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_

What languages do you read, write, speak?

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**Medical Program Application (Page 3)**

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING YOUR APPLICATION:**

**I understand that all application material submitted to The University of Texas M.D. Anderson Cancer Center becomes the property of this institution and is not returnable. I also understand that The University of Texas M.D. Anderson Cancer Center is not obligated to furnish me with duplicate copies.**

**I understand that the information submitted herein will be relied upon by The University of Texas M.D. Anderson Cancer Center to determine my status for appointment and training eligibility. I authorize The University of Texas M.D. Anderson Cancer Center to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission or subsequent academic standing at The University of Texas M.D. Anderson Cancer Center. I agree to notify the proper UTMDACC officials of any changes in the information provided.**

**I certify that the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RELEASE FOR REFERENCE: I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies or organizations that provide information about me at the request of The University of Texas M.D. Anderson Cancer Center or agents.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Have you ever been employed by The University of Texas M.D. Anderson Cancer Center? If yes, please list department and dates of service**

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**Have you ever been employed by another University of Texas component or another agency of the State of Texas? If yes, Please list agency and dates of service**

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**Applications Must Be Received By Dr. Rios  
no later than December 1.**