

## HOW TO APPLY

### APPLICATION CRITERIA:

Applications will be evaluated based on a cumulative or term GPA above 3.0, relevance of completed courses to research interest, interest in pursuing a doctoral program and letters of recommendation. This program is specifically designed for students who are interested in a career in basic research and who are seriously considering Ph.D. training in the basic biomedical sciences.

Applicants must be currently enrolled at a University or College and should be majoring in science and seriously interested in biomedical research.

*\*This program is not designed for pre-M.D. and pre-Pharm.D. students.*

### SUBMISSION INFORMATION:

To apply, please submit the following documents (preferably in a single PDF form) electronically to the Department of Pharmacology Program Office at [pharmeducation@health.ucsd.edu](mailto:pharmeducation@health.ucsd.edu) by Monday, February 14, 2022 at 5:00 pm with subject line "SURF Application" followed by your last name as follows: "SURF Application -last name"

(1) Pharmacology SURF Application Form (**Please be sure to save your application locally before clicking the submit button.**)

(2) Personal statement: The personal statement should include a description of your research interests and experience, educational goals, career objectives, plans to achieve goals, strong life experiences that motivate pursuit of higher education. Also, include the names of 2-3 Pharmacology faculty members you would like to work with, if accepted to the program. If personal statement exceeds space below, please attach a maximum of 2 pages with your submission. ([Department of Pharmacology Faculty List](#))

(3) Transcripts (thru Fall 2021)

(4) Two Letters of Recommendation (letters in PDF format can be submitted separately to [pharmeducation@health.ucsd.edu](mailto:pharmeducation@health.ucsd.edu) with subject line "Letter" followed by your last name) **(Letters must be sent directly to [pharmeducation@health.ucsd.edu](mailto:pharmeducation@health.ucsd.edu) by the referee only)**  
*For additional information about the Summer Program please email [pharmeducation@ucsd.edu](mailto:pharmeducation@ucsd.edu) with "Pharm SURF" in the subject line*

# Summer Undergraduate Research Fellowship (SURF) Application - 2022

**UC San Diego**  
SCHOOL OF MEDICINE

DEPARTMENT OF PHARMACOLOGY

Please submit a completed Application by  
**February 14, 2022**

## Personal Profile

Name	
Address	
Address	
City, State, ZIP code	
Phone (Cell)	
Phone (Other)	
Preferred E-Mail	
Secondary E-Mail	
<b>Date of Birth</b>	mm/dd/yyyy
<b>Gender:</b>	Male      Female      Other:

## Background

### Ethnicity

African American/Black African	<input type="checkbox"/>	Latino/Latino-American	<input type="checkbox"/>
Alaskan Native	<input type="checkbox"/>	Native American	<input type="checkbox"/>
American Samoa Native	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>
Chicano/Mexican-American	<input type="checkbox"/>	U.S. Virgin Islands Native	<input type="checkbox"/>
Guamanian/Chamorro	<input type="checkbox"/>	Other:	<input type="checkbox"/>

### Citizenship

U.S. Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
Other:			

## Undergraduate Status

1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  5<sup>th</sup> year

<b>College or University</b>	
<b>Major(s)</b>	
<b>Minor(s) (if any)</b>	
<b>Date Degree Anticipated/ Degree Awarded (mm/yy)</b>	

## Preparatory Programs

Include information on any preparatory programs that you have participated in.

Are you a previous SURF student?	No <input type="checkbox"/> Yes	Year:	Lab:
Have you participated in any graduate school preparatory programs?	No <input type="checkbox"/> Yes		
<b>If yes</b> , provide the following:			
Program:			
Program Director:			
Program Director Email:			
Other Undergraduate Research Experience and/or Programs:			

## Lab/P.I. Selection

Review the list of UC San Diego, Department of Pharmacology Faculty List and select two labs that you would be interested in working with. [Click Here to view the Department of Pharmacology Faculty List](#)

1 <sup>st</sup> Lab Choice	
2 <sup>nd</sup> Lab Choice	
3 <sup>rd</sup> Lab Choice	

## Transcripts

Attach digital copies of your unofficial undergraduate transcripts, including through the first semester or quarter of this academic year (Fall 2021), when you email this form. We may request official transcripts later, if necessary.

## Letters of Recommendation

You must have two letters of recommendation submitted, along with a completed application, include their name and institution below. Letters of Recommendation must be sent directly from the recommender to: [pharmeducation@health.ucsd.edu](mailto:pharmeducation@health.ucsd.edu).

1 <sup>st</sup> Recommender	
2 <sup>nd</sup> Recommender	

## Personal Statement

Describe your research interests and experience, educational goals, and career objectives in the box below. Also, include the names of 2-3 Pharmacology faculty members you would like to work with, if accepted to the program.

***If personal statement exceeds space below, please attach a maximum of 2 pages with your submission.***  
(See the Department of Pharmacology Faculty List above)

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

eSignature (type name)	
Date	

**CLICK HERE TO SUBMIT**