

Education

Undergraduate

Name of Undergraduate Institution: _____

Dates Attended: _____

Degree(s): _____

GPA: _____

Major(s): _____

Minor(s): _____

Post-Graduate (e.g., MPH, MS, MBA)

Name of Post-Graduate Institution: _____

Dates Attended: _____

Degree(s): _____

GPA: _____

Field of Study: _____

Medical School

Name of Medical School: _____

Current Year: _____

GPA: _____

USMLE Score: Step 1: _____ Step 2: _____

Research Experience

Do you have research experience? Yes No

If yes, please describe your work (*please limit your response to 500 words*):

Research Interest

Areas of Interest (check all that apply):

- Basic Research
- Clinical Research
- Translational Research

Why are you interested in conducting research for a year at the Bascom Palmer Eye Institute, and how do you feel this experience will contribute to your ultimate career goals (*please limit your response to 500 words*)?

References

Reference 1

Name:

Title:

Institution:

Phone:

Email:

Reference 2

Name:

Title:

Institution:

Phone:

Email:

Applicant Checklist

- Completed Application
- Curriculum Vitae
- Official Transcripts (undergraduate and medical school)
- Letters of Recommendation (may be sent separately)

Please send all application materials to **yxs696@med.miami.edu**

I certify that all information provided is complete and accurate to the best of my knowledge.

Applicant Signature:

Date: _____