



## 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 [d.menendez3@med.miami.edu](mailto:d.menendez3@med.miami.edu) by March 1.

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

Applicant Signature:

Date: \_\_\_\_\_