

**Application of Intent for Research Distinction Track  
Surgery/Interdepartmental Medicine 800A**



**Name:**

**Date:**

Local Address:

Phone/Cell No.:

e-mail:

Class:

Pager:

Soc. Sec. No. :

Student EIN:

Ethnic Classification (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> Hispanic                         | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Other (specify):                 |  |

EDUCATION (list institution, degree earned, date received, and major/minor)

Previous Research Experience (if any, use back of page if necessary):

Research Interests (list field and/or techniques):

1)

2) \_\_\_\_\_

3) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_