**UC San Diego Health**

**Department of Surgery**

**Trainee Research Application**

*The following information will help us direct you to the most appropriate faculty member(s) to consider your request.*

|  |  |  |
| --- | --- | --- |
| **Demographic Information** | | |
| Name: |  | |
| Email address: |  | |
| Mobile Phone: |  | |
| Current Address 1: |  | |
| Current City, State, Zip |  | |
| Current Country: |  | |
| Name of Medical School: |  | |
| Year of Med School Graduation:  Anticipated |  | |
| Citizenship: |  | |
| Visa Status (if applicable): |  | |
| **Past Research Experience**  Briefly describe your prior research experience (if applicable): | | |
| ADD YOUR TEXT HERE | | |
|  |  | |
| **Research Interest** | | |
| Subspecialty/Division | Please Select: Choose an item. | |
| Type of Research of Interest | Please Select: Choose an item. | |
| **Commitment and Availability** | | |
| Commitment type: | ☐Long-term ☐ Short-term | |
| Type of research position: | ☐Full-time  ☐Part-time | Date Range:  Date Range:  Days/Times Available: |
| **Goals** | | |
| Briefly describe your short-term goals for research, including what you hope to accomplish by working on a research project in the Department of Surgery. | | |
| ADD YOUR TEXT HERE | | |
| Briefly describe your long-term career goals in Surgery. | | |
| ADD YOUR TEXT HERE | | |
| **Funding** | | |
| What type of research experience are you seeking: ☐ Funded ☐ Unfunded | | |
| Do you already have research funding: ☐ Yes ☐ No | | |

*Please send a completed version of this questionnaire, a copy of your CV, and one example of the publication you are most proud of (if applicable) to Jessica Johnston (*[*jmjohnston@health.ucsd.edu*](mailto:jmjohnston@health.ucsd.edu)*).*