**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.*

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| --- |
| **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 |
| Type of Research of Interest | Please Select |
| **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 Angela Robles (**angelarobles@health.ucsd.edu**).*