Introduction and Procedures

The Medical Scientist Training Program Summer Undergraduate Research Fellowship (MSTP-SURF) provides research opportunities for individuals from disadvantaged backgrounds, racial and ethnic minorities, and others who are under-represented in biomedical research.

The MSTP-SURF program seeks to foster diversity in the research workforce and is specifically geared towards students of under-represented backgrounds who are interested in a career as a physician-scientist, ideally by obtaining both M.D. and Ph.D. degrees. Students are introduced to this career pathway through hands-on research, seminars, clinical shadowing and career talks with physician-scientist faculty and trainees at UCSD.

The program is funded through NHLBI's Short-Term Training Program to Increase Diversity in Health-Related Research. The laboratories available through MSTP-SURF generally focus on topics in cardiovascular, pulmonary, and hematologic disorders.

Eligibility:

A. Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis. (See http://www.nsf.gov/sbe/srs/women/start.htm). In addition to data available through this National Science Foundation dataset, it is recognized that underrepresentation can vary from setting to setting. Therefore individuals from racial or ethnic groups that can be convincingly demonstrated to be underrepresented are eligible for support under this program.

B. Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

C. Individuals from disadvantaged backgrounds who are defined as:

1. Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size; published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at http://aspe.hhs.gov/poverty/index.shtml. For individuals from low income backgrounds, candidates must be able to demonstrate that they have qualified for Federal disadvantaged assistance or they have received any of the following student loans: Health Professions Student Loans (HPSL), Loans for Disadvantaged Student Program, or they have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

2. Come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from
obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Citizenship/Immigration Status: Students appointed to this program must be citizens or non-citizen nationals of the United States or must have been lawfully admitted for permanent residence (i.e., in possession of a currently valid Alien Registration Receipt Card I-551 or some other legal verification of such status). Non-citizen nationals are generally persons born in possessions of the United States (i.e., American Samoa and Swains Island). Individuals on temporary or student visas and individuals holding Ph.D., M.D., D.V.M. or equivalent doctoral degrees in the health sciences are not eligible.

Undergraduate students must (1) have successfully completed at least one undergraduate year at an accredited school or university (including baccalaureate schools of nursing); or (2) be attending community or junior colleges provided they are enrolled in at least three courses per academic term and have completed at least six courses.

Application Materials
In addition to the below application, send an official transcript, two letters of recommendation and a Resume / CV (Curriculum Vitae). Recommendation letters should be sent under separate cover and are encouraged from science or mathematics professors, or prior laboratory research mentors. All of these materials should be sent directly to:

University of California, San Diego
MSTP SURF Program
9500 Gilman Drive, Mailcode 0606
La Jolla CA 92093-0606

Fill in and sign the waiver form below and submit it with your application. Inform your Recommenders that you are waiving the right to view the letter. Letters can also be submitted in electronic format or through fax. E-mail: mstp@ucsd.edu Fax #: 858-534-8556

Application Deadline
The application and all supporting materials must be received by February 15, 2008.

Notifications:
Notifications of committee decisions will be made through e-mail by the end of February.

Questions
Contact the MST Program Office at 1-800-925-8704 or mstp@ucsd.edu.

Signatures:
Make sure to sign both, the application and the waiver form.
MSTP SURF Application for Summer 2008

All information provided below will be held in confidence.

Last name:            First name:  

Permanent Address:   

Phone Number:        Email:         

Are you a United States Citizen?   If “no,” are you a permanent U.S Resident? 

Date of Birth:       Place of Birth:  

Month          Date      Year                                      City                             State                   Country 

Sex:               

Male  /  Female  

Undergraduate Institutions Attended (list in chronological order):

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<tr>
<th>Institution</th>
<th>Dates attended</th>
<th>Major</th>
<th>GPA</th>
<th>Degree / Date (received or expected)</th>
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Will you receive any funding from any other program throughout the summer?   
If “yes,” please provide program title and contact (box below will expand with text):
On separate pages please answer the following questions. Please add your name to the top right corner of each page you are adding to this form.

1) Please explain why you are considering yourself an individual from a disadvantaged ethnicity, background or are underrepresented in biomedical and behavioral research (see definitions above)

2) Discuss your past research experiences. If you have not done any research yet, please list any relevant courses or other experiences you feel are relevant.

2) What are the areas of research that you would like to pursue in our program.

3) Discuss briefly your educational and career plans and how this program will advance you towards your goals.

4) Please add any additional information that may help us evaluate your application

I certify that the information in this application is true and correct to the best of my knowledge.

Date      Signature

SS#
Please fill in and sign below form. List the names of all recommenders and instruct them to send the letters directly to the MSTP office at the address listed in the instructions. Send this signed form together with your application to the MSTP-SURF office at the address listed in the instructions.

TO THE APPLICANT:

The State of California Information Practice Act of 1977 requires the University to provide the following information to applicants for admission who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to process your application for admission. Furnishing all of the information requested on these forms is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out.

Maintenance of this information is authorized by University policy. The official responsible for maintaining the information contained on this form is Robert S. Ross, Director of MSTP SURF Program, UCSD School of Medicine. Information on this form may be transmitted to state or federal governments if required by law. Individuals have the right to access this information as it pertains to themselves, except as provided in the following section.

I, _____________________________________________________________________________

APPLICANT'S NAME AND ADDRESS

understand this letter of recommendation from _________________________________________

RECOMMENDER'S NAME

concerning me is to be received and maintained in confidence by the University of California, San Diego for admission to the Medical Scientist Training Program Summer Undergraduate Research Fellowship and for educational and counseling purposes. I hereby expressly waive any and all rights I might have of access to this recommendation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter and the right to have a copy of this letter for my use.

☐ I agree to waive access

☐ I do not agree to waive access

Please attach original letters, or copies of original letters, to this form and send to the MSTP office at the address given on the next page.

SUBMIT THIS COVER AND WAIVER FORM TO YOUR RECOMMENDER
Student’s Name: ___________________________ S.S. #: _____ - _____

TO THE RECOMMENDER:

The above named applicant to the UCSD Medical Scientist Training Program – Summer Undergraduate Research Fellowship is requesting a letter of recommendation from you. If you do not wish to complete the letter, please return this packet to the applicant.

It is the student’s responsibility to inform you whether the UCSD Medical Scientist Training Program – Summer Undergraduate Research Fellowship may receive and maintain letters or statements in confidence. The applicant has indicated on the first page whether he/she waives the right to access this letter.

The Admissions Office of the Medical Scientist Training Program – Summer Undergraduate Research Fellowship must receive letters of recommendation on behalf of an applicant before an application is considered complete. The back of this page is provided for your use.

______________________________________________________________________________

Please return this packet to:

Medical Scientist Training Program- SURF
University of California, San Diego
School of Medicine
Office of Student Affairs, 0606
9500 Gilman Drive
La Jolla, CA 92093-0606

______________________________________________________________________________
LETTER OF EVALUATION
UCSD MEDICAL SCIENTIST TRAINING PROGRAM - SUMMER UNDERGRADUATE RESEARCH FELLOWSHIP

PLEASE PROVIDE NARRATIVE COMMENTS on applicant’s qualification and suitability for a career in medical research. Please provide any insight you may have into the applicant’s potential for research, promise of productive scholarship, the quality of the applicant’s previous work, and the applicant’s character and personality.
I, ___________________________ (add your name) agree to waive my rights to view the recommendation letters from the following individuals:

### Recommender 1:
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### Recommender 3:
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Signature: ___________________________  Date: ________________________________