

Instructions

Please complete the application to the best of your ability. Unanswered questions slow down the review process and may prevent the application from being considered at all.

Required fields are outlined in red. All others are optional though we encourage students to provide us with as detailed a profile as possible. This better enables us to know the applicant.

If you have any questions about the application, please e-Mail summerprogram@umdnj.edu. If you are experiencing technical problems with some aspect of the application, include the section name and error message in the body of your e-Mail.

Before you submit your form, make sure to SAVE and/or PRINT it for your records. Our office will send you an e-Mail indicating that we have received your application.

The deadline for application submission is March 1, 2012. You will be notified of your acceptance status on April 15, 2012, provided we have received all the materials required. These include:

- a) Completed Application
- b) Essay
- c) Official Transcript(s)
- d) Letters of Recommendation

The program begins June 4, 2012 and ends July 13, 2012.

Program Information

Please select the program year:	
How did you find out about the Biomedical Careers Program?	
Click here if you previously applied to BCP.	<input type="checkbox"/>
Click here if you attended.	<input type="checkbox"/>
What year(s)?	
Click here if you attended the Science Enrichment Program.	<input type="checkbox"/>
What year(s)?	
Click here if you are currently in the ACCESS-MED Program.	<input type="checkbox"/>

Personal Information

Name			
Permanent Address			
Permanent Phone			
Cell Phone			
Primary e-Mail			
Secondary e-Mail			
Social Security #			
Sex	<input type="radio"/> Female	<input type="radio"/> Male	
Date of Birth			

Optional Demographics

Are You a Citizen or Permanent Resident of the United States?	<input type="radio"/> No	<input type="radio"/> Yes
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Country of Citizenship	<input type="text"/>
Ethnic Self-Description	<input type="text"/>
Racial Self-Description	<input type="text"/>

Family Information

Please provide us with information about at least one parent or guardian. If you are an independent student, kindly provide us with your information.

	Relationship	Name		City	State	Occupation	Highest Level of Education
+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
+	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gross Adjusted Income	<input type="text"/>
Ages of Siblings in Household	<input type="text"/>
Ages of Dependents	<input type="text"/>

The New Jersey Educational Opportunity Fund

Click here if you are presently enrolled in your institution's EOF Program. <input type="checkbox"/>	
What is the name of your educational institution?	<input type="text"/>
What will your renewal status be in the fall?	<input type="text"/>
What is the name of your EOF director?	<input type="text"/>
What is the EOF director's phone number?	<input type="text"/>

What is the e-mail address of your EOF director?

Educational History

Secondary Schools Attended

	Name of School	City	State or Country	Graduation Date
+				
-				
+				
-				

Indicate advanced placement courses you took in high school.

Undergraduate Institutions Attended

	Name of School	City	State or Country	Expected Graduation Date
+				
-				
+				
-				

Indicate any honors you have received as an undergraduate.

Extracurricular / Community-Based Activities

Please indicate your involvement in any extracurricular or community-based activities at your secondary or undergraduate institution.

	Name of Organization	Office Held (If Any)	Hours Per Week	Terms Active
+				
-				
+				
-				
+				
-				
+				
-				
+				
-				
+				
-				
+				
-				
+				
-				

Employment During the Academic Year

Please indicate below your employment during the academic year, if any.

	Name of Employer	Hours Per Week	Length of Employment
+			
-			
+			
-			
+			
-			

+			
-			
+			
-			

How have you spent your summers as an undergraduate?

Check here if your undergraduate education has been continuous.

What have you done while not in school?

Academics

Undergraduate Courses

Please list your courses in the following table, as appropriate. Note: "AY" is an abbreviation for "academic year".

	Fall (Current AY)	Spring (Current AY)	Fall (Next AY)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Class Performance

Please list every science and mathematics course you have taken in college, whether for credit or not. If you repeated a course, list it separately for each time it was taken. Include courses for which you registered and subsequently withdrew and also those courses you plan to complete in the spring semester.

Graduate School (Other)	<input type="checkbox"/>		Medical or Osteopathic Medical School	<input type="checkbox"/>
Dental School	<input type="checkbox"/>		Other Health Professions School	<input type="checkbox"/>
Other Post-Baccalaureate Education	<input type="checkbox"/>			

What month/year do you plan to begin your post-baccalaureate education?

Please check here if you have taken or plan to take any graduate or professional school admissions tests.

Kindly indicate the type of test you took (or anticipate taking) and the corresponding date.

DAT	<input type="checkbox"/>		MCAT	<input type="checkbox"/>	
GRE	<input type="checkbox"/>		Other	<input type="checkbox"/>	

If you have any additional comments about your background, education or your aspirations, feel free to share them.

Recommendations & Transcripts

Two letters of recommendation are required. At least one recommendation must be from a science or math instructor.

Each recommending party should send letters directly to:

UMDNJ - Robert Wood Johnson Medical School
Office of Special Academic Programs
675 Hoes Lane, Room N-224
Piscataway, NJ 08854-5635

Official transcripts for each undergraduate institution attended should be sent by the registrar to the address listed above.

Official transcripts must include your fall grades for the current academic year. If you are in your first year of college, please include your high school transcript.

Please provide the name, school, department and e-mail address of your references.

	Name	School	Department	e-Mail Address
Reference #1				
Reference #2				

Essay Questions

In a separate document, please answer the following questions:

- Describe your career goals, the steps you have taken thus far to achieve these goals and how you feel the program will help you better attain them.
- What personal characteristics do you feel are most important for a healthcare provider to possess? Kindly provide us with an experience that you had which shows these characteristics in you.

Please save your responses in a Word-compatible format and send it to summerprogram@umdnj.edu. In order to avoid confusion, please save your file with your last name followed by your first name (for example, "Michael Smith" would save his file as Smith_Michael.doc). Also, be sure to put your name at the top of each page.

Thank you.