



UCI Health

Summer Surgery Program

Student Application

Email completed application to summersurgery@uci.edu

Personal/Contact Information	
Name (Last, First, MI):	
Mailing Address:	
City, State, Zip:	
Telephone (Home):	Cell Phone (Student):
E-mail (Student):	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
T-Shirt Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Scrubs size:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
White coat size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Ethnicity/Race:	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Other (Please specify below):
<input type="checkbox"/> Black	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Caucasian/White	

Students must be 16 years old before the start of the program in order to participate.



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Please choose your first priority for session scheduling:

Session I: July 6th through July 17th

Session II: July 20th through July 31st

I am available to participate in any session

Do you need room and board for Session II? Yes No

***Room and board is ONLY available for Session II.*

***Out of state/international participants will be given priority.*

High School Information	
Name of High School:	
High School Address:	
City, State, Zip:	
Name & Contact Info of Your Academic Advisor:	
Current Grade Level:	High School Phone Number:
Weighted GPA:	Unweighted GPA (4.0 Scale):

Emergency Contact Information	
Parent/Guardian Name (Last, First):	
Relationship to Applicant:	Parent/Guardian E-mail:
Parent/Guardian Daytime Phone:	Parent/Guardian Cell Phone Number:

Are either of your parents an employee of the University of California? Yes No



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Personal Responses

These short essays will help to give us some insight to your personality and interests. Please attach your short essay answers on a separate page at the end of this application.

- 1. Please describe why you would like to participate in the UC Irvine Health Summer Surgery Program.** *(please remember these are "short" essay questions)*
- 2. Please list the top 5 most important activities, hobbies, or special experiences you've had.**
- 3. Choose your favorite/most important of the above activities and describe what you have gained from this experience and how you have or will use this to make an impact on others.**

By typing my name below, I certify that all the information provided in this application is correct: