

EMAIL MAILING LIST – SIGNUP SHEET

General Information *(please print clearly or type)*

Last Name: _____ First Name: _____ M.I. _____

UCLA ID # _____ Gender M F

Cell Phone _____ Evening/Home Phone _____

Area Code Number Area Code Number
E-Mail Address _____

Undergraduate Major _____

Ethnicity: (please check all that apply if multi-racial)

- Black/African American
- Caucasian
- Chicano/a/Mexican American
- Latino/a
- Native Alaskan *(indicate tribal affiliation)* _____
- Native American *(indicate tribal affiliation)* _____
- Pilipino/a
- Puerto Rican
- Asian American (please specify) _____
- Other *(please specify)* _____

Year in School 1st 2nd 3rd 4th 5th Estimated Year of Graduation _____

Did you transfer to UCLA? Yes No If yes, what college/university? _____

Were you part of a Bridge Program? Yes No If so, give year and location _____

Ultimate Degree Objective: (please choose two maximum)

- | | |
|---|---|
| <input type="checkbox"/> B.S. Only | <input type="checkbox"/> M.D. |
| <input type="checkbox"/> Teaching Credential | <input type="checkbox"/> M.D./Ph.D. |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Ph.D. (field of study) _____ |
| <input type="checkbox"/> Other <i>(specify)</i> _____ | |

Are you receiving financial aid? ___ Yes ___ No

How did you learn about URC/CARE **(required)**?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> AAP / PLUS | <input type="checkbox"/> Counselor | <input type="checkbox"/> Web site |
| <input type="checkbox"/> SRP workshop | <input type="checkbox"/> Another student | <input type="checkbox"/> AAP Scholars Days | <input type="checkbox"/> Transfer Scholars Days |
| <input type="checkbox"/> Hallway of LSB | <input type="checkbox"/> Flyer or Ad | <input type="checkbox"/> Open House | <input type="checkbox"/> Covell Commons Workshop |
| <input type="checkbox"/> Other: Please specify _____ | | | |

I hereby certify to the best of my knowledge that all information submitted is complete and correct. By submitting this completed application, I agree to receive emails on events, internships, workshops and scholarships that are related to undergraduate research. My email address will not be shared with programs, people and departments outside of UCLA.

Signature _____ **Today's Date** _____

Please fill in and return to: URC/CARE
2121 Life Science Building
Box 951606
Los Angeles, CA 90095-1606