



Reynolda Campus Academic Advisor: _____ | _____ (Name) (Signature)

Biomedical Science Campus Faculty Sponsor: _____ | _____ (Name) (Signature)

Faculty Sponsor's Department: _____ Location of Internship: _____

Desired Start Date: _____ Proposed End Date: _____

STUDENT DEMOGRAPHIC INFORMATION

Name _____ (Last) (First) (Middle)

Academic Program/Major: _____ Undergraduate _____ Graduate _____

Social Security Number (optional): _____ Gender: [] Male [] Female

E-Mail Address: _____

Date of Birth _____ Place of Birth _____ (Month/Day/Year) (City/State/Country)

Mailing Address: (Current)

_____, _____ (Street) _____ (Telephone - Day) _____ (City) _____ (State) _____ (Zip) _____ (Country) _____ (Telephone - Evening)

Permanent Address: (If different from mailing address)

_____, _____ (Street) _____ (Telephone) _____ (City) _____ (State) _____ (Zip) _____ (Country)

- » Have you ever been subject to disciplinary action for scholastic or other reasons by any college or university? If yes, state the particulars on a separate sheet of paper, including any pending actions. _____ No _____ Yes
» Please list any criminal charges or convictions (other than minor traffic violations), including military charges, or other actions that have ever been brought against you on a separate sheet of paper, including any pending charges.

You have an on-going obligation to report any charges or disciplinary actions that are brought against you as described above after the submission of your application.

For U.S. citizens only: Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

- Do you consider yourself to be Hispanic/Latino? _____ Yes _____ No
• In addition, select one or more of the following racial categories to describe yourself:
_____ Black/African American _____ White _____ American Indian/Alaska Native
_____ Native Hawaiian or Pacific Islander _____ Asian _____ Asian Subpopulations

International students: Country of Citizenship _____

Complete if you have a USA Visa: Type _____ Expiration date _____

To the best of my knowledge, the information contained in this application is a true and accurate account. The admissions office may verify any and all parts of my application information.

Applicant Signature _____

Date _____

OFFICE USE ONLY

POI #: _____ Medical Center ID: _____ Date Inactivated: _____

RACE AND ETHNICITY DESCRIPTIONS:

The racial and ethnic categories for Federal statistics and program administrative reporting are defined as follows.

What is your ethnicity?

- **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino."
- **Not Hispanic or Latino.**

What is your race?

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Asian Subpopulations:** Asian subpopulations considered underrepresented including any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.
- **Black or African American:** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.