



LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE
CENTER FOR HEALTH DISPARITIES & MOLECULAR MEDICINE (CHDMM)
Office of Student Development in the Biomedical Professions (OSD)
Supplemental Application for Initiative for Maximizing Student Diversity (IMSD)

Eligibility:

Supplemental Application for students applying to the LLU PhD and MD/PhD programs in Basic Sciences, School of Medicine

ALL SECTIONS MUST BE FILLED IN COMPLETELY! PLEASE PRINT LEGIBLY OR TYPE INFORMATION. Today's Date: _____

I. GENERAL INFORMATION: SSN: _____ DOB: _____ Gender: M F Age: _____

Name: _____
LAST FIRST MIDDLE

Current Address: _____
STREET CITY STATE ZIP

Telephone number: _____

Home: _____ Cell/Pager: _____ Work: _____

E-mail: _____ Fax: _____

Ethnicity: _____

Citizenship: USA citizen: Yes No If not USA citizen, Permanent Residency: Yes No If yes, complete:

Permanent Residency Number is: _____ Type: _____

II. EDUCATIONAL BACKGROUND:

Undergraduate College/University & dates attended: _____

Degree(s) earned. School: _____

Date Degree(s) Received: _____

Undergraduate: General GPA: _____ Sciences GPA: _____

Graduate GPA: _____ Major/Field: _____

Special Honors received in undergraduate: _____

Special Honors received in graduate: _____

Scores on standardized tests taken: GRE: _____ MCAT: _____ (if applicable) GMAT: _____

III. PREVIOUS RESEARCH EXPERIENCE:

Have you had previous research experience? Yes No If yes, give Title(s) of research project or topic and dates:

A. Previous research mentor(s) name: _____

Telephone: _____ Email: _____ Fax: _____

Name and address of research institution: _____

B. Previous research mentor(s) name: _____

Telephone: _____ Email: _____ Fax: _____

Name and address of research institution: _____

List any publication(s) or scientific meeting presentation(s): *(add another sheet if necessary)*

IV. SCIENTIFIC OR STUDENT ORGANIZATION(S), list any in which you are or have been an active member:

(provide dates) _____

- V. **RESEARCH INTERESTS.** Please **RANK** the area(s) of biomedical research (by placing a **1-5**; 1-most preferred, 2-next preferred, etc.) in which you have an interest and give the names of 2 mentors in each of your top 3 areas of interest to you. Keep in mind, mentor availability is a major factor.

RANK	RESEARCH AREA INTEREST	MENTOR NAME	MENTOR NAME
	Cancer Biology	1.	2.
	Cardiovascular Physiology	1.	2.
	Cellular and Molecular Biology	1.	2.
	Developmental Biology	1.	2.
	Immunology	1.	2.
	Microbiology	1.	2.
	Molecular Genetics	1.	2.
	Neurobiology/Neuroscience	1.	2.

- VI. **ESSAY:** On a separate sheet of paper please write a 400 to 500 word essay addressing the following questions:

Why would you like to participate in the IMSD program at Loma Linda University? How do you anticipate this program will help you in your future goals as a biomedical researcher? What are your future career plans? What do you perceive yourself doing 5 or 10 years from now?

Applicant's Signature

Date

IMPORTANT NOTE: Once you are accepted into the PhD or MD/PhD programs in the basic sciences, please request in writing a copy of your complete graduate file from the Enrollment Management Office (*located between La Loma Credit Union and Student Services, down the breeze way, on the right hand side before entering the campus cafeteria*) be sent via intercampus mail to the Office of Student Development in the Biomedical Professions, Center for Health Disparities & Molecular Medicine, Mortensen Hall Suite 132, as soon as is possible. Please mail completed application to:

IMSD ADMISSIONS
SUPPLEMENTAL PHD AND MD/PHD PROGRAM APPLICATION
Office of Student Development in the Biomedical Professions
Center for Health Disparities & Molecular Medicine
School of Medicine, Loma Linda University
 c/o Keren Espinoza, MSHSA
 11085 Campus Street
 Mortensen Hall Suite 132
 Loma Linda, CA 92350

Fax completed IMSD application and essay to (909) 558-0196

For additional information

contact us at (909) 558-8622 or

email at kespinoza1@llu.edu