**PREP Application**

**Provide the information requested (grey boxes) in the space provided (white boxes). Once you complete this form, save a copy as a PDF and name this PDF ‘PREP\_AP\_SURNAME’ (e.g. ‘PREP\_AP\_SMITH’).**

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| --- | --- |
| **Personal** | |
| **Full name (Last, First):** |  |
| **Social Security Number:** |  |
| **Date of birth (month/day/year):** |  |
| **Gender:**  (Type ‘male’ or ‘female’ in the box at right →) |  |
| **Ethnic and/or racial origin:** |  |
| **Country of birth:** |  |
| **Country of citizenship:** |  |
| **Are you a permanent US resident?**  (Type ‘yes’ or ‘no’ in the box at right →) |  |
| **Are you a legal resident of Washington state?**  (Type ‘yes’ or ‘no’ in the box at right →) |  |
| **Email address:** |  |
| **Current Mailing Address (CMA):** |  |
| **Permanent Mailing Address (PMA):**  (If your PMA = CMA, type ‘CMA’ in the box at right →) |  |
| **Full name of emergency contact (Last, First):** |  |
| **Relationship to emergency contact:** |  |
| **Academic** | |
| **Your BA/BS granting institution:** |  |
| **Date your BA/BS was awarded (Month/Yr):** |  |

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| **Academics (continued)** | | | | | | | | | | |
| **For each two- or four-year college/university attended, provide the following information:** | | | | | | | | | | |
| **Name** | **Year(s)**  **attended** | | **Degree**  **attained** | **Major** | | | **Cumulative**  **GPA** | | **Reason for leaving** | |
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| 1. **Have you ever been enrolled at the University of Washington (UW)?**   (Type ‘yes’ or ‘no’ in the box at right →) | | | | | | | | |  | |
| **If you answered ‘yes’ to (A), provide your UW student number:** | | | | | | | | |  | |
| **If you answered ‘yes’ to (A), list the dates (month/year) you attended UW:** | | | | | | | | |  | |
| 1. **Have you ever applied to a UW Biomedical PhD program?**   (Type ‘yes’ or ‘no’ in the box at right →) | | | | | | | | |  | |
| **If you answered ‘yes’ to (B), list the department applied to and the year you applied below:** | | | | | | | | | | |
| **Department:** | |  | | | **Year applied:** | | |  | | |
| **Department:** | |  | | | **Year applied:** | | |  | | |
| **Department:** | |  | | | **Year applied:** | | |  | | |
| 1. **Have you ever applied to a professional degree program (MD, PharmD, DDS, nursing, etc.)?**   (Type ‘yes’ or ‘no’ in the box at right →) | | | | | | | | | |  |
| **If you answered ‘yes’ to (C), list the program applied to and the year you applied below:** | | | | | | | | | | |
| **Program:** | |  | | | **Year applied:** | | |  | | |
| **Program:** | |  | | | **Year applied:** | | |  | | |
| **Program:** | |  | | | **Year applied:** | | |  | | |
| **Program:** | |  | | | **Year applied:** | | |  | | |
| 1. **Have you taken the GRE?**   (Type ‘yes’ or ‘no’ in the box at right →) | | | | |  | **If you answered ‘yes’ to (D), list your GRE score:** | | | |  |
| 1. **Have you taken the MCAT?**   (Type ‘yes’ or ‘no’ in the box at right →) | | | | |  | **If you answered ‘yes’ to (E), list your MCAT score:** | | | |  |

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| **References** | | | | |
| **For the three individuals you requested a letter of recommendation from, provide the following information:** | | | | |
| **Full name (Last, First)** | | **Professional title** | **Phone (work)** | **Email address** |
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| **PREP research** | | | | |
| **List three areas of research interest below:** | | | | |
| **Area #1:** |  | | | |
| **Area #2:** |  | | | |
| **Area #3:** |  | | | |
| **From the mentors listed at the UW PREP website, list up to three mentors with whom you would like to work in order of preference. NOTE: preference simply provides a starting point for trainee placement** | | | | |
| **Mentor #1** |  | | | |
| **Mentor #2** |  | | | |
| **Mentor #3** |  | | | |
| **Career goals** | | | | |
| **Detail your short-term (5 years) career goals. Please be a specific and limit your response to 4-5 sentences.** | | | | |
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**By submitting your completed PREP Application,**

**you attest that all information you have provided herein is true.**