

UCLA David Geffen School of Medicine
CTSI - Department of Biomathematics/Computational Medicine
Master of Science in Clinical Research Application

Name: _____ UCLA UID: _____

Address: _____

Phone/Pager: _____ E-mail: _____

Academic Dept: _____ Current Position: _____

Undergraduate School: _____

Graduate/Medical/Health Professional School: _____

Internship: _____

Residency: _____

Fellowship: _____

Degrees: _____

Funding Source for Salary (i.e. division, K grant): _____

Funding Source for Tuition (i.e. division, K grant): _____

Funding Source for Research Project (i.e. mentor's grant, division): _____

Please upload this cover page with the other required documents to the MSCR Application form.

I certify that the information in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____