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): _____

Include with this cover page:

1. **Current CV**: A current *curriculum vitae*
2. **Personal Statement**: including career goals
3. **Official Transcripts**: all post-secondary institutions attended (undergraduate, graduate, and medical school)
   a. Official electronic transcripts, such as "e-transcripts", are preferred.
   b. Transcripts must be the **official institution documents**.
   c. Transcripts must be **sent directly from the institutions to Doug Smoot** at dsmoot@mednet.ucla.edu or training@ctsi.ucla.edu. Transcripts sent from applicants **cannot** be accepted.
4. **Project Description**: Brief (2 -3 page) description of the research project forming basis of thesis/capstone
5. **Research Mentor Documents**: current NIH Biosketch and NIH Other Support pages
6. **Three Letters of Recommendation and Support**:
   a. Letter from the Division Chief or Departmental Chair indicating the financial support (stipend and registration/tuition fees) being provided during the didactic and research years of the graduate program; must specifically state the source of the stipend and fees support; should address the arrangements that have been made for protected time during the graduate years in the program.
   b. Letter from research mentor indicating commitment to trainee and mentoring plan.
   c. Letter of recommendation from a faculty member.

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

Signature: _____   Date: _____