

UCLA MSCR MD/MS Articulated Degree Letter of Intent Form

Submit your completed form to Doug Smoot dsmoot@mednet.ucla.edu.

Please provide the following information:

Full Name:

UCLA Medical Student Year (eg. MS2, MS3):

UCLA PRIME: Yes No

Do you anticipate taking the MSCR during your Discovery Year (MS3): Yes No

List any remaining Shelf Exams and dates (if scheduled):

When will you take USMLE Step 1 and 2 exams:

Area of Interest(s) (eg. Internal Medicine, Urology, Anesthesiology, Undecided, etc):

Name Scientific Mentor/Institution/Department:

Number of Prior Journal Publications:

Number of Prior Abstracts:

Why are you interested in the MSCR Program:

Prior Research Experience (OK if none):