

Research Visitor Applicant Form - UC Student

Please note that this is for the purpose of participating in a research or academic project under supervision of sponsoring faculty.

To be completed by the UC Student currently enrolled in an UC Institution (not UC extension) and submitted to the UCSF Fresno Volunteer Coordinator along with the required documents (*see below*)

Personal Information:

First Name (legal):		M.I.		Last Name (legal):		Date of Birth	
Street Address:				Email:			
City:				Phone Number:			
State				Highest Degree:			
Are you on a Student Visa: Yes ____ No ____			What current UC Campus are you enrolled in?:				
Are you in an Undergraduate Program? Yes ___ No ___				Emergency Contact:			
Are you in a Graduate Program? Yes ___ No ___				Phone:			

Personal Statement (*brief statement of objective*):

What departments you are interested in:

- | | |
|--|-------------------|
| <input type="checkbox"/> Family Community Medicine | Internal Medicine |
| <input type="checkbox"/> Emergency Medicine | Psychiatry |
| <input type="checkbox"/> Pediatrics | Ob/GYN |
| <input type="checkbox"/> Orthopaedics | Surgery |
| <input type="checkbox"/> Wilderness Medicine | General Research |

Is there a specific doctor you want to work with? If yes, please provide name: _____

Availability (if applicable, please attach your class schedule and/or work schedule):

Please indicate the dates you can begin and end: _____ to _____

Please indicate specific times in time blocks of 2 hours or more

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

By checking this box, I understand I must devote at least 6 – 8 weeks for a project, and any less will result in my disqualification unless prior arrangements are made:

Referred by: _____

I agree to abide by the rules and policies of the University of California San Francisco, including but not limited to, those governing ownership of intellectual property rights, privacy, confidentiality, safety and harassment. I also agree to review the Privacy and Confidentiality Handbook. (link below)

Name Signature Date

Checklist: Attach the following documents and submit to the UCSF Volunteer Coordinator :

- [Verification of enrollment](#)
 - Copy of Student's current ID, *and*
 - Enrollment Form
- [CV/Resume](#)