

Intensive Summer Research Program Application Form

PART I: to be completed by January 8 (send PDF to summerresearch@cop.ufl.edu)

Student Full Name: _____

UFID Number (If UF student): _____

Cell Phone: _____

Email Address: _____

Class Standing: 1PD 2PD

Pre-pharmacy GPA: _____

PCAT score: _____

Pre-pharmacy Education (college/degree- if any): _____

Pre pharmacy GPA: _____

Proposed Faculty Mentor: _____

(Students MUST communicate with the mentor prior to completing this form)

Brief Statement of Career Goals and Interest in the PharmD/PhD program.

Why is participation in this program important to you?