



APPLICATION FOR CLINICAL/LABORATORY RESEARCH EXPERIENCE AT THE
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

DATE: _____ () MR. () MS. () MRS. **NAME:** _____

EMAIL ADDRESS: _____

SELECT ONE: MS1 MS2 MS3 MS4
SELECT ONE: MD MD/MPH MD/PHD MiBS HPM OR MSP OTHER

UNDERGRADUATE: NAME OF SCHOOL _____

CURRENT ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

CELL # () _____ **HOME # ()** _____

PERMANENT ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

INTERESTED IN SHADOWING:
YES NO

IF YES, AREAS OF INTEREST:

INTERESTED IN RESEARCH:
YES NO

IF YES, AREAS OF INTEREST:

PREVIOUS RESEARCH EXPERIENCE: *Please give name of institution, department and supervisor's name. Briefly describe. **You may attach a separate sheet if needed.***

AVAILABILITY: FOR RESEARCH ONLY: *Please list **months, days, and hours** you are available.*

THIS APPLICATION IS SOLELY FOR CURRENTLY ENROLLED STUDENTS OF THE UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

Joyce Biederman, M.S., Assistant Director, Office of Professional Development & Career Guidance
Rosenstiel Medical Science Bldg. Room 2155, Phone: 305-243-7978, Email: JBiederman@med.miami.edu