



ENROLLMENT FORM 2009-2010

Name: _____ PID#: _____

Local Address: _____ Local Phone: (_____) _____ - _____

City, State, Zip: _____ Cell Phone: (_____) _____ - _____

Primary E-mail (please write clearly): _____ Secondary E-mail: _____

Permanent Address: _____

City, State, Zip: _____ Permanent Phone: (_____) _____ - _____

College: _____ Major: _____ Minor: _____

Class Level: Freshman Sophomore Junior Senior Expected graduation date: _____

Incoming GPA (only if you are a freshman): _____ Transfer GPA: _____ Cumulative UC GPA: _____ Major GPA _____

If you transferred to UCSD, please list name of the college/university & the city _____

How did you hear about CAMP? (If from a friend, faculty or staff member, please list his/her name) _____

Please indicate your graduate or professional school degree objective:

B.S. M.S. Ph.D. M.D./Ph.D. M.D. Teaching Credential Other: _____

Proposed field of graduate study (if any): _____ Beginning: _____

What is your career objective? _____

Have you ever participated in any of the following UCSD programs or any other similar program at the University of California?

- | | | |
|--|--|---|
| <input type="checkbox"/> Faculty Mentor Program | <input type="checkbox"/> Cal Soap | <input type="checkbox"/> Health and Medical Professions Preparation Program (HMP ³) |
| <input type="checkbox"/> McNair Program | <input type="checkbox"/> OASIS | <input type="checkbox"/> Transfer Admission Guarantee (TAG) |
| <input type="checkbox"/> CSEMS or S-STEM | <input type="checkbox"/> Upward Bound | <input type="checkbox"/> University Link Medical Science Program |
| <input type="checkbox"/> NACME | <input type="checkbox"/> Upward Bound Math and Science | <input type="checkbox"/> Internship Experience and/or Summer Research @ _____ in _____ |
| <input type="checkbox"/> UC LEADS | <input type="checkbox"/> Educational Talent Search | <input type="checkbox"/> Student Support Services Program (SSSP) |
| <input type="checkbox"/> Amgen | <input type="checkbox"/> Summer Bridge _____(year) | <input type="checkbox"/> Initiative for Maximizing Student Diversity (IMSD) |
| <input type="checkbox"/> Hughes Scholars Program | <input type="checkbox"/> EAOP | <input type="checkbox"/> Other _____ |

Gender: Female Male Ethnicity: _____

Birthdate: _____ Citizenship: U.S. Citizen Permanent Resident Other _____

Signature: _____ Date: _____

I, _____ authorize _____ do not authorize, the CAMP Coordinator/Office to publish, **when appropriate**, my name, class level, major, and photo in the CAMP Newsletter/Website or on other CAMP/AEP publications as: CAMP's Book Scholarship recipient, Provost's Honors Awardee, UCSD Graduate, starting, attending or having completed graduate school, Summer/Academic year Research Program and/or Internship participant, participating in a conference, recipient of other honors, awards or scholarships, etc. I understand that I will not be compensated for this use. Please note that not agreeing to this release will **not** affect your membership and status in CAMP.

Signature: _____ Date: _____

RETURN TO ACADEMIC ENRICHMENT PROGRAMS AT ABOVE ADDRESS OR TO STUDENT CENTER BLDG. "B"