



Mini Medical School New Member Application (_____ Academic Year)

Email Applications to minimedicalschool.ucr@gmail.com

Full Name:

Email (primary):

Cellphone #:

Year in School/Academic Standing:

Major:

Expected Graduation Date:

Preferred contact method: Email Phone/Text

Groups Interested in Joining (please check up to two groups only):

- Access to Health Care
- Asthma Awareness
- Breastfeeding/Prenatal Health
- Breast Cancer Awareness
- Dental Health
- Emergency Medicine
- Hyperlipidemia
- Hypertension
- Lupus
- Nutrition
- Stress Relief/Wellness
- Stroke Awareness
- Weight Loss
- Vaccines
- Other

WRITTEN RESPONSE (attach separately): Please write short responses to the following (word limit: 300 words or less):

1. State your career goal(s). How will your involvement with MMS help you reach these goal(s).
2. Among all other commitments, how important is MMS to you and why? How will you handle potential schedule conflicts?
3. Tell us about yourself. Describe a few of your characteristics and attributes. Feel free to talk about a personal experience or something you like doing. Talk about anything you want as long as we get a good idea of you and your personality.