|  |  |
| --- | --- |
| Last/Family/Surname |  |
| First/Given Name |  |
|  |  |
| Gender |  |
| Date of Birth |  |
|  |  |
| Present Address Number and Street |  |
| City |  |
| US State |  |
| Zip/Postal Code |  |
| Phone Number |  |
| *Present Address Valid Through* |  |
|  |  |
| Email Address |  |
|  |  |
| Permanent Address Number and Street |  |
| City |  |
| US State |  |
| Zip/Postal Code |  |
|  |  |
| Preferred method of contact (phone, email, post) |  |
|  |  |
| College/University Attended |  |
| Attendance Dates |  |
| Major |  |
| Name of Degree and Date Expected or Received |  |
| Cumulative Undergraduate GPA |  |
|  |  |
| If you have contacted a faculty member concerning admission to the SURF program, indicate his/her name and date of contact |  |
|  |  |
| What are your post-baccalaureate plans? (i.e., Graduate School, Medical School, Industry Work, Other, etc.) |  |
|  |  |
| Have you applied to the SURF program before? (Yes or No) |  |
| If yes, list when |  |