

# Leadership and Innovation Fellowship Training (LIFT) Program in the Department of Urology at the University of California, Irvine



## APPLICATION COVER FORM

---

### PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

PHONE NUMBER:

EMAIL ADDRESS:

MAILING ADDRESS:

---

### CURRENT MEDICAL SCHOOL

NAME OF SCHOOL:

START DATE:

CURRENT LEVEL:

GRADUATION DATE/EXPECTED:

MAILING ADDRESS:

---

### APPLICATION CHECKLIST [FOR INTERNAL USE ONLY]

- APPLICATION COVER FORM
- STATEMENT OF PURPOSE
- STUDENT'S CV
- VERIFICATION OF CURRENT ENROLLMENT IN MEDICAL SCHOOL
- UNOFFICIAL MEDICAL SCHOOL TRANSCRIPT
- UNOFFICIAL USMLE STEP 1 SCORE REPORT
- LETTER(S) OF RECOMMENDATION FROM MEDICAL SCHOOL FACULTY