

UAB Department of Medicine Medical Student Summer Internship Application



Applicant Information

Name (Last, First)	
Mailing Address	
City, State, Zip	
Phone Number	
Email Address	
BlazerID	

Undergraduate Information & Training

Institution Name	
Institution Address	
City, State, Zip	
Degree conferred	
Year completed	
Field(s) of Study	

Advanced Degrees (MS, PhD, etc.)

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Prior clinical/research experience (including publications)

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Statement of Research Interests and Career Goals (250-300 words)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Full Name (printed)	
Signature	
Date	

Submit the completed application form to: ShaDel Nix Williams, J.D., Program Director III (shadel@uab.edu)

Mailing address:

ShaDel Nix Williams, J.D., Program Director III
Department of Medicine Chairman's Office
University of Alabama at Birmingham School of Medicine
405 Boshell Building
1808 7th Avenue South
Birmingham, Alabama 35294