**Application**

**P**lease read the “CUSM-CPP Pipeline Program” agreement. To apply, complete all sections of this application form and submit it along with additional required documents listed below to [OgunyemiD@cusm.org](mailto:OgunyemiD@cusm.org) by June 1st.

### **Please check the following Items**

* I understand that it is my responsibility to ensure that CUSM has received all my application materials for the pipeline program.
* I will commit to meeting the requirements for the Pipeline program and matriculation into medical school as described in the CUSM-CPP agreement.

# **Personal Information**

First Name Middle Name Last Name

Suffix Preferred Name

Academic Level : Major:

Overall GPA: Science GPA:

### Permanent Address

Country

Street Address

City

State

Postal Code

### Current Address

Country

Street Address

City

State

Postal Code

### Contact Information

CPP Email

Additional Email

Daytime Phone

Mobile Phone

### Biographical Information

Gender Female Male Non-binary Decline

Birthdate

Personal Background (Optional)

The questions in this section are entirely optional and voluntary. We appreciate if you choose to answer them because it will provide data that can be used for program assessment and development.

#### How do you self-identify?

Are you Hispanic or Latino? Yes No

Select one or more of the following races:

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White
* Other

Please check as many of the following as apply to you.

* English is my secondary language.
* I am from a family that lives in the Inland Empire.
* I am from a family that receives public assistance (e.g. food stamps, Medicaid, public housing) or I receive public assistance.
* I am the first generation in my family to attend college (neither my mother nor my father attended college).
* I am a first generation American (I was not born in the United States)
* I am a second generation American (One or both of my parents were not born in the United States)

**Coursework Completion**

Please complete the information for required coursework listed in the table below. Courses taken at non-CPP institutions that are transferred to CPP transcript will qualify as well.

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Coursework** | **Course catalog number** | **Grades received** | **Semester/year** |
| English Oral Communication |  |  |  |
| English Written Communication |  |  |  |
| English Critical Thinking |  |  |  |
| College Algebra |  |  |  |
| Foundations of Biology I/Lab |  |  |  |
| Foundations of Biology II/Lab |  |  |  |
| General Chemistry I/Lab |  |  |  |
| General Chemistry II/Lab |  |  |  |
| Organic Chemistry I/Lab |  |  |  |
| Physics I/Lab |  |  |  |

**Employment Information**

Please list any employment with your most recent experience first. Your CV/resume should thoroughly describe your job duties and accomplishments.

**Organization Name Position Dates**

**Extracurricular Information (clubs, associations, music, athletics, etc.)**

Please list any extra-curricular experiences with your most recent experience first. Your CV/resume should thoroughly describe your duties and accomplishments.

**Organization Name Position/Title Dates**

**Community service Information**

Please list any community service experiences with your most recent experience first. Your CV/resume should thoroughly describe your duties and accomplishments.

**Organization Name Volunteer Position Dates / Paid or Unpaid**

### **Additional Documents**

Additional materials to submit with your completed and signed application form are listed below. Please compile all application documents, except for letter of recommendation, into a single pdf file and email to [OgunyemiD@cusm.org](mailto:OgunyemiD@cusm.org) by May1st, 2020.

1. At least 1 letter of Recommendation

The letter of Recommendation must be from a faculty member who has a good understanding of the applicant’s academic potential and/or has supervised the applicant in lab research.

1. Signed Liability Waiver forms that are attached to the application form.
2. Personal Statement

Please address (1) why you are choosing a career in healthcare or healthcare research, (2) what is motivating you to learn more about healthcare, biomedical sciences and/or healthcare research, and (3) What would you want CUSM to know about you. In addition, you may address any unique hardships, challenges, or obstacles that may have influenced or inspired you. The Personal Statement should be between 400-700 words, double-spaced, font Times New Roman or Arial, size 11.

1. A copy of CV/Resume
2. An official or unofficial copy of Transcript from CPP
3. A copy of Driver’s License

***If you have questions about the Pipeline Program,*** or ***any additional documents that you would like for the committee to review please contact the Office of Faculty Affairs at*** [***OgunyemiD@cusm.org***](http://OgunyemiD@cusm.org)***.***

**Application Certification**

**I certify that all information presented in my application is accurate and complete. I also certify that any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any plagiarism or misleading information will be cause for automatic withdrawal of my application or an offer of acceptance to be rescinded.**

Students Name (First, Last) Student Signature Date

# **California University of Science and Medicine**

# **Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** California University of Science and Medicine, its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

**Description of Activity or Program:** CUSM-CPP Pipeline Program

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

**Severability:** I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

**Governing Law and Jurisdiction:** This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant Name (print) Date of Birth

Participant Signature Date

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print) Signature Date

# **California State Polytechnic University at Pomona**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the California State Polytechnic University at Pomona (CPP), its directors, officers, employees, and agents (“The University”), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

# **Description of Activity or Program**: CUSM-CPP Pipeline Program

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

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