

Student Information Survey 2021 Cohort

Name: _____ UTRGV ID#: _____ Date: _____

1a. What is your current career goal? Please check your top THREE and please number them. Number 1 would be your first choice, number 2 your second and so on.

- ☐ MD, physician, any specialty ☐ MD-PhD, physician-researcher ☐ PA, physician assistant ☐ DO, doctor of osteopathy
☐ ND, naturopathic doctor ☐ PT/OT, physical therapist or occupational therapist ☐ PharmD, Pharmacist
☐ Psychologist (BS, MS or PhD) ☐ DMD or DMS, dentist ☐ DVM, veterinarian ☐ PhD, scientist or researcher
☐ University Professor of Biomedicine (PhD, MD or MD-PhD) ☐ BS or MS, Lab scientist ☐ DC, chiropractor
☐ BS or MS degree, school teacher /University lecturer ☐ Nutritionist or Dietician
☐ Other, please list _____

1b. Please describe in 3-5 complete sentences why you are interested in the career that you just checked as your top choice.

2a. What medical specialty/ topic interests you most for a future career? Please check your top THREE and please number them. Number 1 would be your first choice, number 2 your second and so on.

- ☐ Cardiology ☐ Dermatology ☐ Endocrinology ☐ Pediatrics ☐ Internal medicine ☐ General surgery
☐ Primary care, family medicine ☐ Pharmacology ☐ Psychology, counseling, psychiatry ☐ Geneticist ☐ Ob-Gyn
☐ Neurologist/neurosurgeon ☐ Dentistry ☐ Emergency medicine ☐ Pathology ☐ Orthopedics ☐ Medical research
☐ Teaching ☐ Other, please list _____

2b. Please describe in 3-5 complete sentences why you are interested in the specialty that you checked as your top choice.

3. Name one disease or medical condition that you are most interested in and want to learn more about in detail and briefly say why. (3-5 complete sentences)

4. Currently, the BMED Program offers courses in Brownsville and Edinburg only. Would you prefer to have courses offered in ☐ Brownsville ☐ Edinburg ☐ Harlingen **Please check all that apply.**

5. Is there anything specific that is of interest to you in connection to our biomedical program? Please let us know any questions, concerns or suggestions. We love to hear your opinion! Please write down an email that you frequently check AND phone number you can be reached at, so we can get back to you regarding any questions or concerns that you may have, including any updates regarding admission to our program.

UTRGV Email: (Please print clearly) _____

Personal Email: (Please print clearly) _____

Phone number _____ -