

**UC San Diego
Department Of Ophthalmology**



Residency Supplemental Micro-Application

DUE OCTOBER FIRST

If you can, replace this text with your photo to fit this box. (See #2 below) Don't worry about the size. It will be adjusted.

Otherwise, please email it.

When you apply to our Program via the Central Application System (CAS), we will automatically receive from them about 99.99% of the materials we require. ***The only supplemental application materials you must send directly to the Resident Selection Committee are:***

1. Completed supplemental "micro-application"—email preferred; or fax or USPS mail.
2. Recent portrait photo, approximately 2"x3" in size—inserted above right, mailed, or emailed.
3. A \$35 check or money order made payable to "UC Regents" and mailed to the address below.

These items are to be received by us by October first. Mailed items should be addressed to:

**RESIDENT SELECTION COMMITTEE
UCSD SHILEY EYE CENTER
9415 CAMPUS POINT DRIVE #0946
LA JOLLA, CA 92093-0946
residency@eyecenter.ucsd.edu**

Name (First, Last): _____

Date of Birth (mo/da/yr): _____ Match Number: _____

Address: _____

Phone/s and/or Pager: _____ Will you be available for appointment the last week of June? Y / N

#1: _____

#2: _____ Email: _____

#3: _____

Why are you interested in our program (please be specific)?: