UCLA Institute for Precision Health Ginsburg Fellowship in Translational Genomics
Applicant Demographic Form*

APPLICANT INFORMATION:

_____

Last   First   MI

_____   _____

Clinical Specialty   Department

Gender:	**Race:**	**Ethnicity:**
☐ Female	☐ Asian	☐ Hispanic or Latino
☐ Male	☐ Black/African American	☐ Not Hispanic or Latino
☐ Nonbinary	☐ Native American/Alaska Native	☐ Prefer not to answer
☐ Prefer not to answer	☐ Native Hawaiian/Pacific Islander	
	☐ White	
	☐ Prefer not to answer	

*These data are being collected for administrative purposes only and will not be shared with the review committee.