



PLTW BioMedical Sciences

Name PRINT: _____
Last First

Address _____
Number Street City

Student Email: _____

This is an application for a position in the Project Lead the Way Biomedical Sciences Program at University City High School. The Biomedical Sciences Program consists of 4 Pathway Courses: Principles of Biomedicine (9th), Human Body Systems (10th), Medical Interventions (11th) and Biomedical Innovations (12th). The Biomed Program is in high demand and to be considered for this rigorous, problem-based program an application is required. These courses are computer based and it is highly recommended students to have access to a home computer. All four courses have been approved as an A-G "D" Lab science for California universities, so, students may now use Biomed as a 3rd year science. **Students are expected to maintain at least a "C" with a "G" citizenship grade throughout the program in order to continue to the next course.**

Please include your most recent grades:

Subject	1st Semester	2 nd Semester
Science		
History		
Math		
English		
Physical Education		
Elective:		
Days absent:		

*We will review your transcripts as well as your attendance.



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Please answer the following questions:

1. *Think about the last goal that you set for yourself. What was it and what was your approach to try to achieve it?*

2. *Think of the last time you were challenged by an activity/ project. What was it and what was your approach to try to solve it?*

3. *This is an elective program and every year, students may have to make difficult decisions regarding other courses. Why would you like to enter the PLTW Biomedical Science Program?*

4. *Biomedical Sciences is a program designed for collaboration & teamwork. Tell us about a group project that you worked on and what your role was in the project.*



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I am interested in applying for the Project Lead the Way Biomedical Program at University City High School for the 2018-2019 school-year.

Student Printed Name: _____

Student Signature: _____

Student Email: _____

I give my permission and support to my child to enter this collaborative and rigorous program.

Parent Printed Name: _____

Parent Signature: _____

Parent Email: _____

Please drop off or mail this application **by April 2nd, 2018** to:

Leslie Chadwick
University City High School
6949 Genesee Ave
San Diego, CA 92122
858-457-3040 ext. 150
lchadwick@sandi.net