

Expected date of graduation _____

FELLOWSHIP IN TRANSGENDER STUDIESCALIFORNIA STATE UNIVERSITY, LOS ANGELES

PERSONAL INFORMATION: Preferred Name:____ First Last (Pronouns) Name on Transcript (if different from Preferred name): _ Last CIN#: _____ Permanent Address: ___ Street City State Zip Primary E-mail Address: Phone Number: () Area Number **EDUCATIONAL INFORMATION:** Undergraduate Education Major: _____ Minor: ____ School Attended (Please Check) Cal State LA *Other * If you did not receive your baccalaureate degree from Cal State LA, include your unofficial undergraduate transcript. * Overall undergraduate GPA. **Graduate Education** Degree Program Sem/Yr. Admitted (Attach a copy of your Master's degree program) *Include a copy of your unofficial graduate transcript from Cal State LA *Overall Graduate GPA. _____

ESSAY

Please write a short essay (approximately two-pages) addressing (1) Statement of purpose- your career objective, research experience in transgender studies, abilities, and skills you possess that will enhance your chances of academic success, (2) elements of your educational or personal experience that have contributed to your interest in pursuing research in transgender studies, and (3) A plan of study in trans studies. (Please attach essay on a separate sheet of paper.)

Sem/Yr



LETTERS OF RECOMMENDATION

Your a		(from a previous or current professor) with your application. of recommendation. Please print the names of those who will b
Print	Name	Print Name
AUTHC	PRIZED RELEASE	
	authorize the Cal State L.A. Center for Student Financial Services to release transcripts, letters of commendation, application, and accompanying documents and to publicize my award should I be a recipient.	
Signature		Date

Return this Application and All Attachments to Talia Bettcher, Department of Philosophy, at tbettch@calstatela.edu BY THE DEADLINE: August 14, 2023 by 5:00pm PST. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.