

CAL STATE LA LSAMP – BRIDGE TO THE DOCTORATE LSAMP Coordinator Confirmation Form

I confirm that _____ participated in the
(Name of student applicant for LSAMP-BD)
Undergraduate LSAMP (also known as CAMP or AMP) program during the following
period:

Please provide starting term and year: _____

Please provide ending term and year: _____

LSAMP Coordinator's Signature: _____

Print Name of LSAMP Coordinator: _____

Name of Campus: _____

Email Address for Coordinator: _____

Phone # for Coordinator: _____

PLEASE RETURN COMPLETED FORM BY APRIL 16, 2018 TO:

DR. KATRINA YAMAZAKI
LSAMP-BD PROGRAM
C/o DEPARTMENT OF BIOLOGICAL SCIENCES
CSU, LOS ANGELES
5151 STATE UNIVERSITY DRIVE
LOS ANGELES, CALIFORNIA 90032-8201
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323/343-2086 (voice #)
323/343-6451 (fax #)