

ACADEMIC APPLICATION GRADUATE EQUITY FELLOWSHIP PROGRAM CALIFORNIA STATE UNIVERSITY, LOS ANGELES

IMPORTANT:

f "yes" indicate first semes	-	l:FallSpring Year		
Name: (Mr./Ms.) Last		First	Middle	
CIN#.:		MaleFemale		
Permanent Address:	Street	City	State Zip	
Primary E-mail Address:				
Phone Number: (Area	_) Number			
Citizenship Status: [] U.S. Citizen	[] Permanent U.S. Resident	[] CA Resident	
Ethnic Identity: [] Afri [] Native American – T [] Mexican American [] Filipino [] Caucasian		[] Asian American [] Other Hispanic [] Pacific Islander [Other]	(please specify)	
[] Disabled (Attached v DUCATIONAL INFORM		Office for Students with Disabilities)		
Undergraduate Education	Major:	Minor:		
	Please Check) Ca	al State LA *Other ate degree from Cal State LA, include	e your unofficial undergradua	
* Overall undergrad	luate G.P.A.			
Graduate Education	Major (Attach a copy of y	our graduate degree program)	Sem/Yr. Admitted	
*Include a copy of		ate transcript from Cal State LA		
	G.P.A			



Other Colleges and Universities Attended

Date

Degree Awarded

Attended

HONORS AND ACTIVITIES

Extracurricular Activities (College or Community)

Special Recognition (Offices held, organizational membership, etc.)

Scholarship	Years Received	Awarded Amount
Work or volunteer experience rela	ated to your career objectives	

ESSAY

Please write a short essay (approximately 250 words) addressing (1) challenges you have surmounted in the course of your education, (2) elements of your educational or personal experience that have contributed to your interest in pursuing graduate study and to your motivation and determination to succeed in it, and (3) your career objective and abilities and skills you possess that will enhance your chances of success. (Please attach a separate sheet of paper.)



LETTERS OF RECOMMENDATION

Please provide two sealed letters of recommendation (preferably a previous or current professor) with your application. Your application will not be processed without the letters of recommendation. Please print the names of those who will be submitting letters on your behalf below:

Print Name

Print Name

AUTHORIZED RELEASE

I authorize the Cal State L.A. Center for Student Financial Services to release transcripts, letters of recommendation, application, and accompanying documents and to publicize my award should I be a recipient.

Signature_____

Date	

RETURN THIS APPLICATION AND ALL ATTACHMENTS TO THE OFFICE OF GRADUATE STUDIES, GRADUATE RESOURCE CENTER, LIBRARY NORTH A-124 BY THE DEADLINE DATE. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.