



GRADUATE EQUITY FELLOWSHIP APPLICATION

Please clearly print or type the information on this form. All materials must be emailed to gradstudies@csueastbay.edu by the application deadline.

Date Application is submitted: _____

New Applicant: Renewal Applicant:

CONTACT INFORMATION

Student's Name: _____

Address: _____

City/State/Zip: _____

Student Net ID: _____ Phone: _____

Horizon Email: _____

DEMOGRAPHIC INFORMATION

Are you a legal California resident? Yes: No:

Gender (OPTIONAL): Male: Female: Other:

Are you disabled? (OPTIONAL): Yes: No:

If yes, please explain. _____

Ethnicity (OPTIONAL): _____

Should you become a recipient of the Graduate Equity Fellowship, we would like your permission to have your name published in our department and campus website as well as any CSU statewide or national announcements. Please sign below to allow or opt out of having your name publicized.

Yes, I allow my name to be publicized:

No, I do not want my name publicized and choose to opt out:



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EDUCATION

Undergraduate Institution: _____

Undergraduate Major: _____

Start date (or intended start date) of graduate program at CSUEB:

Term: _____ Year: _____ Graduate Program: _____

Graduate units completed: _____ GPA: _____

What is your future occupation or profession? _____

Do you plan to pursue a Doctorate degree? Yes: No:

Please select highest level of formal education for each parent.(OPTIONAL)

Mother:

Father:

No high school

No high school

Some high school

Some high school

High school graduate

High school graduate

Some college

Some college

2-year college graduate

2-year college graduate

4-year college graduate

4-year college graduate

Postgraduate

Postgraduate

Name and relationship of recommenders:

1. _____
Name & Relationship (Faculty)

2. _____
Name & Relationship