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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:

