

**GRADUATE EQUITY FELLOWSHIP
PROGRAM APPLICATION**

California State University, Chico
Office of Graduate Studies

Name: _____

Student ID Number: _____

Mailing Address: _____

Cell Phone Number: _____

E-mail address: _____

Bachelor's degree awarded: _____

University or College: _____

Major/Area of Study: _____

Other Degrees: _____

List All Universities/Colleges attended and dates:

Master's Degree program to which you are applying or are enrolled: _____

Anticipated date of graduation for master's degree: _____

Semester applying for GEFP: _____

Please indicate your parents' level of education:

Mother: high school no college some college college-graduate grad school

Father: high school no college some college college-graduate grad school

Faculty member(s) whom you would like to serve as your mentor:

If you are selected for an interview, please indicate the days and times that would be best for you: _____

Type or paste Statement of Purpose here (Use following page if statement exceeds 1 page):

Optional Additional Statement of Purpose space: