

**2019-2020 Application**

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| Date of Application: Drop down to choose e-mail: email |
| First Name: First name Last Name: Last name |
| Address: Address City: City |
| State: State Zip Code: Zip Code Phone: Phone |
| CSUB Student ID: CSUB ID |
| Date of Birth and Place: Birth date and place  Are you a permanent resident: Choose an item. |
| U.S. Citizen: Choose an item Ethnicity: Choose an item. |
| If American Indian what tribe?Tribe  If Other Ethnicity, what Ethnicity: Other ethnicity  Are you considered a student with disabilities: Choose an item |
| Mother’s Highest Completed Level of Education:Choose an item.  Father’s Highest Completed Level of Education:Choose an item. |
| Are you a First-Generation Student?:Choose an item. |
| Number of Persons in Household: # of persons Household Income: Income |
| Number of units completed: # of units Expected Date of Graduation: Date |
| Major: Major Minor: Minor |
| Overall GPA: Overall GPA Major GPA: Major GPA |
| Faculty Research Mentor :Faculty mentor Faculty email: email |

*I understand that I must turn in a completed application to the MARC U\*STAR program in order to be considered for the program. The completed application consists of the application form, my statements, two letters of recommendation with recommendation forms signed (one from a faculty research mentor), Faculty Mentor Research Plan, transcript, and a copy of my current class schedule.*

*By signing this, I certify that all information contained is true and no false representations have been made.*

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| Signature of Applicant: |
| Signature of Faculty Research Mentor: |

*Form date March 2019*