



( N6OP6Q3&3RPSQT&U3VV! W. BS8&  
688VS16QS! X&

Please clearly print or type the information on this form. All materials must be emailed to [gradstudies@csueastbay.edu](mailto: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:

