

## Faculty-Student Mentor Program (F-SMP) APPLICANT INFORMATION

### Full Name as it Appears on Your University Transcript

First Name:		Middle Name:		Last Name:	
Current Address:					
City	State:		Zip		
Permanent Address:					
City	State:		Zip		
Home Phone:	Work Phone:		Alt. Phone		
Birth Date:	Red Id:		Email:		
Gender:	Male <input type="checkbox"/>		Female <input type="checkbox"/>		

### Ethnic Heritage (Check all that apply):

American/ Indian/ Alaskan Native	<input type="checkbox"/>	Pacific Islander/ Native Hawaiian	<input type="checkbox"/>
Asian	<input type="checkbox"/>	White/ Caucasian	<input type="checkbox"/>
African American	<input type="checkbox"/>	Mixed Heritage	<input type="checkbox"/>
Hispanic/ Latino	<input type="checkbox"/>	Other (Please specify):	<input type="checkbox"/>

**Citizenship (Check one):** *If you are a Permanent Resident or a Citizen born outside the United States, you will be asked to provide a copy of INS documentation if you are selected for the program.*

U.S Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
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### I. SCHOOL INFORMATION (Attach Screen Shot of an Unofficial Transcript of Your Last 36 Units)

List the name of all colleges and universities attended:	Month/Day	Year	Major /Minor	GPA:
Overall GPA:			Transfer GPA (If Applicable):	

### II. ACADEMIC STATUS

How many undergraduate units have you completed?	
What is your expected graduation date?	
If you intend to apply to graduate school or a health professions postgraduate program, underline the postgraduate program you are more interested in.	
Describe your post baccalaureate area of advanced studies:	
What is your projected date of entrance into graduate school or a health professions postgraduate program?	

### ACADEMIC STATUS (Cont'd)

What is the highest degree objective you seek? (Specify in what field for each box checked:		
Masters	<input type="checkbox"/>	Field of Study:
Academic Doctorate (Ph.D., Ed.D.)	<input type="checkbox"/>	Field of Study:
Professional Postgraduate Training (J.D., M.D., D.V.M., Nurse Practitioner, Physicians Assistant etc.)	<input type="checkbox"/>	Field of Study:
Uncertain	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please Specify:
What is your class standing? (Please circle) 2 <sup>nd</sup> year/Sophomore 3 <sup>rd</sup> year/Junior 4 <sup>th</sup> year/Senior 5 <sup>th</sup> year/Senior		Enrollment Status (Please Circle)  Part Time  Full Time

### III. FAMILY INFORMATION

List two contacts who will know your address in the future: Provide two different addresses. (i.e. grandparents or others who do not move often):			
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	

Father/Guardian's Highest Education (Check one)				Mother/Guardian's Highest Education (Check one)			
Elementary School	<input type="checkbox"/>	Bachelors Degree	<input type="checkbox"/>	Elementary School	<input type="checkbox"/>	Bachelors Degree	<input type="checkbox"/>
Junior High	<input type="checkbox"/>	Masters Degree	<input type="checkbox"/>	Junior High	<input type="checkbox"/>	Masters Degree	<input type="checkbox"/>
Some High School	<input type="checkbox"/>	Doctorate Degree	<input type="checkbox"/>	Some High School	<input type="checkbox"/>	Doctorate Degree	<input type="checkbox"/>
Some College	<input type="checkbox"/>			Some College	<input type="checkbox"/>		

### IV. INCOME INFORMATION

For financial aid purposes, are you considered dependent or independent? If you are a dependent student, please fill complete <b>Box A</b> . If you are an independent student, please complete <b>Box B</b> .			
<b>Box A: Dependent</b>		<b>Box B: Independent</b>	
What is the size of your parent's household including yourself?		What is the size of your parent's household including yourself, your spouse, and or other dependents?	

**INCOME INFORMATION (Cont'd)**

Did you parent(s) file a federal tax return for last year (Check one)	Yes <input type="checkbox"/>	Did you parent(s) file a federal tax return for last year (Check one)	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>
If yes, what was their taxable Income?	\$	If yes, what was their taxable Income?	\$

**How Did You Hear About the Program?**

**V. CERTIFICATION**

My signature below indicates that, to the best of my knowledge, the information given in this application is true, complete and accurate.	
Signature:	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Funded by: SDSU Undergraduate Division</div>
Date:	

**VI. CONFIDENTIAL**

Should you be selected we will ask you to provide your social security number required by F-SMP. This information will be held as strictly confidential and will be held in a secure database. It will not be forwarded to the selection committee members or to anyone else.	