California State University San Marcos OTRES Student Application Form

First Name, Middle Initial, Last Name:			CSUSM ID:	
Current Address:				
City, State & Zip Code:				
Permanent Address:				
City, State & Zip Code:				
Cell Phone:	Home Phone:		DOB:	
CSUSM E-mail address:	Alternate E-mail add		ess:	
Number of semesters and units completed in college and expected graduation date:				
Semesters Units Expected graduation (month, year)				
High school and city where you graduated (and years attended):				
Community college(s) (and years attended):				
Other universities (and years attended):				
Are you eligible to work legally in the US?				
Select the option that applies to you:				
U.S. Citizen U.S. Permanent Resident Other:				
How did you hear about OTRES?				
Please check the box that best describes your race or ethnicity:				
☐ Hispanic/Latino(a)		Native American Specify Tribal Affiliation	n:	
Pacific Islanders		African American	· · · · · · · · · · · · · · · · · · ·	
☐ White/Caucasian		Asian		
Other:	_			

Please indicate your parents' highest level of education completed:				
Mother: ☐ High School ☐ No College ☐ S	Some College			
Father:	Some College			
Disability Status: Please check "yes" if any of the disabilities listed below apply to you. Otherwise, check "no" or "decline to state".				
☐ Yes ☐ No ☐ Decline to State				
 Deaf or serious difficulty hearing Blind or serious difficulty seeing even when wearing glasses Serious difficulty walking or climbing stairs Other serious disability related to a physical, mental, or emotional condition 				
Other serious disability related to a physical, ment	ai, or emotional condition			
Current Major:	☐ Undergrad GPA:			
Minor:	☐ Graduate GPA:			
Social Security #:				
Are you a veteran of the U.S. Armed Forces?				
As an undergraduate, are you eligible for need-based financial aid?				
Are you treated as an independent student for financial aid purposes?				
What is your <i>Personal yearly</i> income?				
☐ Less than \$10,000 ☐ \$10,001 - \$20,000 ☐ \$20,001 - \$30,000 ☐ More than \$30,000				
What is your <i>Family's yearly</i> income?				
☐ Less than \$10,000 ☐ \$10,001 - \$20,000 ☐ \$20,001 - \$30,000 ☐ More than \$30,000				
 Please attach the following materials: Transcript. Statement of career objectives. No more than two pages, 12 pt. Font Helvetica or Times Roman. Relevant undergraduate research experience. No more than two pages, 12 pt. Font Helvetica or Times Roman. Three letters of recommendation. Two letters must be from a science faculty familiar with your academic performance. 				
To the best of my knowledge, the information above is accurate.				
Printed Name Signature	e Date			

^{*} If accepted to an OTRES program you will be required to submit proof of your legal right to work in the United States. In addition, for OTRES Programs the Federal government requires that participating students be either a U.S. citizen or a U.S. permanent resident. If you do not meet these classifications, you will be unable to participate. However, you will have the opportunity to take advantage of selected OTRES activities.