

**California State University San Marcos
OTRES Student Application Form**

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|--|---|-----------------------------------|
| First Name, Middle Initial, Last Name: | | CSUSM ID: |
| Current Address: | | |
| City, State & Zip Code: | | |
| Permanent Address: | | |
| City, State & Zip Code: | | |
| Cell Phone: | Home Phone: | Emergency Contact / Phone: |
| CSUSM E-mail address: | | Alternate E-mail address: |
| Number of <u>semesters and units</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Select the option that applies to you: | | |
| <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Other: _____ | | |
| How did you hear about OTRES? | | |
| Please check the box that best describes your race or ethnicity: | | |
| <input type="checkbox"/> Hispanic/Latino(a) | <input type="checkbox"/> Native American | Specify Tribal Affiliation: _____ |
| <input type="checkbox"/> Pacific Islanders | <input type="checkbox"/> African American | |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Other: _____ | | |

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|--|--|
| Please indicate your parents' highest level of education completed: | |
| Mother: | <input type="checkbox"/> High School <input type="checkbox"/> No College <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School |
| Father: | <input type="checkbox"/> High School <input type="checkbox"/> No College <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School |
| Disability Status: Please check "yes" if any of the disabilities listed below apply to you. Otherwise, check "no" or "decline to state". | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State | |
| <ul style="list-style-type: none"> • 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 | |
| Current Major: _____ Minor: _____ | <input type="checkbox"/> Undergrad GPA: _____ <input type="checkbox"/> Graduate GPA: _____ |
| Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State | |
| As an undergraduate, are you eligible for need-based financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you treated as an independent student for financial aid purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is your Personal yearly income? <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> More than \$30,000 | |
| What is your Family's yearly income? <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> More than \$30,000 | |
| <u>Please attach the following materials:</u> <ol style="list-style-type: none"> 1. Transcript. 2. Statement of career objectives. No more than two pages, 12 pt. Font Helvetica or Times Roman. 3. Relevant undergraduate research experience. No more than two pages, 12 pt. Font Helvetica or Times Roman. 4. 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

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.