



## APPLICATION FOR GRADUATE STUDY

Please PRINT or TYPE the following information using 10-point font size or larger.

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
*Last, First, Middle* *(Must apply to the university to get your student ID #.)*

Gender:  Female  Male  Other      DOB: \_\_\_\_\_

Home ph: \_\_\_\_\_ Cell ph: \_\_\_\_\_ Work ph: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Alternate E-mail (If applicable, please provide Fresno State e-mail): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street, City, State, Zip*

Permanent Address: \_\_\_\_\_  
*Street, City, State, Zip*

Ethnic Identity (Optional): Please check one box only. Your response will not affect your admission.

- |  |   |
|--|---|
| <input type="checkbox"/> African American                  | <input type="checkbox"/> Chicano Mexican-American, other Hispanic |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Asian / Asian Pacific Islander    | <input type="checkbox"/> Decline to State                         |
| <input type="checkbox"/> Caucasian                         |   |

### II. EDUCATION: BACHELORS DEGREE

School Awarding: \_\_\_\_\_

Year (expected or earned): \_\_\_\_\_ Major: \_\_\_\_\_

### III. RELEVANT FIELD EXPERIENCE

I have completed \_\_\_\_\_ months of experience in the field of \_\_\_\_\_ . Describe the type of Public Health-related experience you have had. Be sure to address whether the experience was paid or volunteer.