

FRESNO STATE UNIVERSITY
BRIDGE TO DOCTORATE PROGRAM APPLICATION
COLLEGE OF SCIENCE AND MATHEMATICS

Deadline: Friday June 16th 2017

Eligibility Requirements

- Should be accepted to an appropriate graduate program at Fresno State
- US Citizenship or Permanent Residency
- Belong to an underrepresented minority group as per [NIH's definition](#)
- Minimum GPA of 3.0 OR Faculty recommendation if GPA < 3.0
- [Bachelor's degree in basic sciences and/or behavioral sciences](#)

Application Requirements

- Resume (two pages)
- State of purpose: Please include any challenges that you have faced in pursuing your educational goals, research areas of interest to you, and your long-term career goals.
- Letter of Recommendation: Should be mailed directly to the Program Coordinator (rcrews@csufresno.edu) by the deadline

For more information

Dr. Krish Krishnan
Professor of Biophysical Chemistry
Program Director Bridges to Doctorate Program
krish@csufresno.edu

Ms. Ronna Crews
Program Coordinator
Bridges to Doctorate Program
rcrews@csufresno.edu

www.fresnostate.edu/csm/b2doc

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PLEASE TYPE OR PRINT

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL):					
PERMANENT ADDRESS :			LOCAL ADDRESS (if different) :		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE:			EMAIL:		
DATE OF BIRTH: (MM/DD/YY):			GENDER (F/M):		
RESIDENCY INFORMATION: (Proof required upon admission):			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT		

ETHNIC BACKGROUND (CHECK ONE OR MORE RESPONSES)

<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> ASIAN - HMONG	<input type="checkbox"/> NATIVE AMERICAN
<input type="checkbox"/> WHITE	<input type="checkbox"/> PACIFIC ISLANDER	<input type="checkbox"/> OTHER – please specify	

GRADUATE DEGREE PROGRAM TO WHICH YOU ARE APPLYING (Please specify below.)

SCHOOL/DEPARTMENT/PROGRAM:

EDUCATIONAL BACKGROUND

UNIVERSITY:	CURRENT MAJOR (BACCALAUREATE) :	CUM GPA:
JUNIOR YEAR GPA:	SENIOR YEAR GPA:	MAJOR GPA:
AREA OF STUDY:	DATE OF GRADUATION (OR EXPECTED DATE):	
HAVE YOU ATTENDED COMMUNITY COLLEGE (Y/N):	IF 'Y', NAMES and DEGREES RECEIVED:	
HAVE YOU EVER APPLIED FOR GRADUATE FELLOWSHIPS? (Y/N):		
SOURCE:	AMOUNT/YEAR: \$	

NOMINATING FACULTY INFORMATION

FACULTY NAME :		
DEPARTMENT:	EMAIL :	
PHONE:	AREA OF RESEARCH:	
FACULTY SIGNATURE and DATE"		
Sponsoring Faculty, please send a letter of recommendation directly to the Program Coordinator: Ronna Crews (rcrews@csufresno.edu)		

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RESEARCH EXPERIENCE

ADVISOR/LAB	PROJECT	DURATION

PROFESSIONAL EXPERIENCE

INSTITUTION/COMPANY	POSITION (responsibilities)	DURATION

STATEMENT OF PURPOSE

Description of any challenges that you have faced in pursuing your educational goals, research areas of interest to you, and your long-term career goals. Use the space below or enclose a document (limit one page)

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CERTIFICATION AND SIGNATURES:

Please read the following carefully and sign only if you agree:

1. I certify that I am a U.S. citizen or Permanent Resident of the U.S.
2. I agree that I am committed to the pursuit of a Ph.D.
3. I certify that I am not currently and have not previously enrolled in a graduate program.
4. I understand that my eligibility to continue in the Bridge to the Doctorate program is contingent on my enrollment in the Master's program and follow the program requirements.
5. I understand that the Bridge to the Doctorate Program has a full-time minimum enrollment requirement.
6. I understand that this program will be considered full-time employment and that I cannot be employed by any other agency or obtain any other scholarship/fellowship.
7. I understand that I will not be allowed to continue in the Bridge to the Doctorate Program if my academic progress does not meet enrollment requirements, and semester and cumulative GPA requirements as stated in the program guidelines.
8. I understand that if I am accepted as a Bridge to the Doctorate fellow, I am expected to participate fully in all activities and/or seminars and provide information in a timely manner as required.
9. Upon acceptance to the program, I grant permission to the Fresno State to use my photograph, selected quotes and/or profile information on their website and future publications.
10. I hereby certify that all statements in this application are true to the best of my knowledge and understanding.

I authorize the investigation of all statements contained in this application and further authorize any person, school, current, and past organizations named in this application to provide the fellowship program with records, information, and opinions that may be useful in making a grand determination and for federal reporting purposes. Specifically, I authorize Fresno State and UC Merced any or all information contained in my graduate admissions application. I release all informants from all liability for damage that may result from furnishing information and opinions, which are truthful and made in good faith to the fellowship program. I understand that, should this application contain any false or misleading information, my application may be rejected. In addition, the fellowship program can seek restitution for any funds expended.

PRINT Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

Please email a copy of signed application to rcrews@csufresno.edu Please also remember to mail the original to the following address:

Ms. Ronna Crews / Dr. Krish Krishnan
Program Coordinator, Bridges to Doctorate Program
SB-70 Department of Chemistry,
California State University Fresno
Fresno CA 93740