

# African American Recognition Program Graduate Profile Form Year

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Fresno State Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please choose one:      \_\_\_\_\_ B.A.      \_\_\_\_\_ B.S.      \_\_\_\_\_ Masters      \_\_\_\_\_ Ed. D.

How did you hear about the African American Recognition Program?

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