DREXEL UNIVERSITY
BRIDGE TO DOCTORATE PROGRAM APPLICATION

PLEASE TYPE OR PRINT

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)			SOCIAL SECURITY NO.		
HOME/PERMANENT ADDRESS			LOCAL ADDRESS *(IF DIFFERENT)*		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE			CELL PHONE		
DATE OF BIRTH: (MM/DD/YYYY)	GENDER (Please check one below): ☐ MALE ☐ FEMALE		RESIDENCY INFORMATION (Please check one below):		
E-MAIL ADDRESS			☐ US CITIZEN	☐ PERMANENT RESIDENT (Attach a copy of Resident Alien card, if you are Permanent Resident)	

ETHNIC BACKGROUND (CHECK ONE OR MORE RESPONSES)

☐	BLACK OR AFRICAN AMERICAN	☐	HISPANIC OR LATINO	☐	ALASKAN NATIVE	☐	WHITE	☐	ASIAN
☐	NATIVE AMERICAN	☐	NATIVE HAWAIIAN	☐	PACIFIC ISLANDER	☐	OTHER (PLEASE SPECIFY)		

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

EDUCATIONAL BACKGROUND

UNIVERSITY			CURRENT MAJOR (BACCALAUREATE)			CUM GPA:					
							OF				
JUNIOR YEAR GPA:			SENIOR YEAR GPA :			MAJOR GPA:					
	OF			OF			OF				
AREA OF STUDY?			DATE OF GRADUATION (OR EXPECTED DATE):			GRE SCORES:					
							M		V		ESSAY
HAVE YOU EVER ATTENDED A COMMUNITY COLLEGE? (CHECK ONE)						☐	YES			☐	No
If yes, indicate name of community college institution, major and degree received, if applicable:											
HAVE YOU APPLIED FOR OR HAVE BEEN AWARDED OTHER GRADUATE FELLOWSHIP SUPPORT? (CHECK ONE)						☐	YES			☐	No
If yes, please indicate:	Source of support:					Amount of support :					

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NOMINATING LSAMP OFFICIAL (AT UNDERGRADUATE INSTITUTION)

NAME OF LSAMP OFFICIAL (LAST, FIRST, MIDDLE INITIAL)	INSTITUTION	
DEPARTMENT	EMAIL	PHONE
SIGNATURE OF LSAMP OFFICIAL		DATE

RESEARCH EXPERIENCE (please list)

NAME OF ADVISOR/LAB	NAME OF PROJECT	DURATION

PROFESSIONAL EXPERIENCE (please list)

NAME OF INSTITUTION / COMPANY	POSITION TITLE	DURATION

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CERTIFICATION AND SIGNATURES

Please read the following carefully and sign only if you are in agreement:

1. I certify that I am a U.S. citizen or Permanent Resident of the U.S.
2. I certify that I have participated in an LSAMP as an undergraduate.
3. I agree that I am committed to the pursuit of a Ph.D.
4. I certify that I am not currently and have not previously enrolled in a graduate program.
5. I understand that my eligibility to continue in the Bridge to the Doctorate program is contingent on my enrollment in a Science, Technology, Engineering or Mathematics field as specified by the National Science Foundation.
6. I understand that the Bridge to the Doctorate Program has a full-time minimum enrollment requirement.
7. 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.
8. 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.
9. 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.
10. Upon acceptance to the program, I grant permission to the Philadelphia AMP to use my photograph, selected quotes and/or profile information on their website and future publications.
11. I hereby certify that all statements in this application are true to the best of my knowledge and understanding.
12. 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 Drexel University to provide to Philadelphia AMP 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. Also, the fellowship program can seek restitution for any funds expended.

Applicant's Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

Special Note: This is an application for the Bridge to the Doctorate (BTD) Graduate Fellowship Program at Drexel University. You must apply to and be accepted by a STEM graduate program at Drexel University to be eligible for the BTD fellowship.