# *Dinner Conversations About Graduate School*

*Application Form*

Center for Inclusive Education
Stony Brook University
Melville Library E-1340
Stony Brook, NY 11794-3387
Tel: (631) 632-1384
Fax: (631) 632-1837

## Student Information

Name: _____

Citizenship Status: ____ US Citizen ____ Permanent Resident

Ethnicity *(optional)*: ___African American/Black ___Hispanic/Latino

___Pacific Islander ___Native American/Alaskan

___Caucasian ___Asian

## Contact Information

Mailing Address: Campus Address:

_____ _____

_____ _____

Daytime Phone Number: _____ Email Address: _____

## Academic Information

Major: _____ Year: _____

Expected date of graduation: _____

Degree Goal: ____ Masters ____ Ph.D.

Currently enrolled in: ___ AMP ___CSTEP ___Other (please specify)_____

I understand that this is a three part series and if I am selected to participate; I will attend all three sessions:

Signature:_____ _____