

# Oklahoma Louis Stokes Alliance for Minority Participation in Science, Technology, Engineering and Mathematics

#### BRIDGE TO THE DOCTORATE PROGRAM APPLICATION



### WWW.OK-LSAMP.OKSTATE.EDU 405.325.1069

#### **Personal Information:**

Date of Application: Legal Name: □Mr. □Ms							
Current M	Iailing Add	ress:					
		Street/PO B		City	State	Zip	
Permanen	t Mailing A	Address:					
		Street/PO B	ox	City	State	Zip	
Email Address: Permane			Permanent Tel	ephone:	Cell Phone:		
Gender:	□Male	□Female		:American Indian-Tribe:Alaskan or Pacific Islander-Island:			
US Citizen: □Yes □NO				African American			
Permanent US Resident (if not US Citizen)  Hispanic/Latino Other Other							
	□Yes	□NO					
Undergra	duate Edu	ıcation:					
Institution: Major:							
Date of graduation or expected graduation date:				Overall GPA: _		GPA in Major:	
Academic	departmen	t in which you are/were	enrolled:				
Undergraduate faculty adviser/mentor:				Phone:	Email:		
LSAMP P	rogram in	which you are/were a pa	rticipant:				
LSAMP Program contact name:				Phone:	Email:		
Other und	ergraduate	program affiliations (Mo	eNair, Trio, etc.)				
Graduate	Education	<u>n</u> : (if applicable)					
Institution: Department:			Department:	Indicate degree earned, if any:			
Mentor/Adviser:				Phone:	Email:		
Research 1	Emphasis:						
Graduate Program applied at OU:			Date A	Accepted:	Program	Program Contact:	
Additiona	al Informa	tion_					
				<del></del>			

## List past and present employment positions: Briefly comment on your special interests and/or hobbies: Please attach the following: 1) Official transcripts from all institutions attended 2) Summary of your academic plans and career goals (typed, 1-2 pages, 1-inch margins, 12 pt) 3) Description of previous research experiences (1-2 pages, 1-inch margins, 12 pt, include any publications) 4) Copy of your Graduate Record Exam (GRE) scores 5) Two letters of recommendation from faculty members who have worked with you and can speak to your general character, academic performance, dependability, and ability to work with others 6) Copy of your CDIB Card if Native American Certification of Application: By my signature, I hereby certify that: 1. I have submitted or plan to submit an application to the University of Oklahoma for the Fall 2009 semester. 2. I fully understand that continuous participation in the Bridge to the Doctorate Program depends on meeting the academic requirements set forth by the University of Oklahoma Graduate College, the academic department in which I am enrolled, the National Science Foundation, and the University of Oklahoma BD Program. 3. I agree that this program will be considered full-time employment (.50 FTE Graduate Assistantship), and that I cannot be employed by any other agency. 4. My academic/career goals include pursuit of a Ph.D. 5. I authorize any institution of higher education I have attended to furnish enrollment and or grade information requested by the OK-LSAMP Program. 6. I understand that, if accepted to the program, I will be required to complete and sign a Student Contract for the OK-LSAMP BD Program. 7. I hereby certify that all statements in this application are true and complete to the best of my knowledge and understanding. I understand that withholding or giving false information may make me ineligible for admission or continuation in the OK-LSAMP BD Program. Date Signature

University of Oklahoma Bridge to the Doctorate Application (continued)