



UCSD Initiative for Maximizing Student Development (IMSD)

Program Application

Personal Information

Full Name:

Last _____ *First* _____ *M.I.* _____

Address:

Street Address _____ *Apartment/Unit #* _____

City _____ *State/ZIP* _____ *ZIP Code* _____

Home Phone:

() _____ *PID#* _____

Email Address:

Major:

Minor:

College Academic Year: _____

Expected Graduation Date: _____ **GPA:** _____

Highest Level of Education Achieved By Parents: _____

Program Criteria Information

This information is being requested in accordance with federal regulations.

Racial or Ethnic Group

<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Pacific Islander/Hawaiian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other _____

Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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Military Service

<input type="checkbox"/> Veteran	<input type="checkbox"/> Non-Veteran
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Citizenship Status

U.S. Citizen Naturalized Citizen
 Permanent Resident

Briefly State Your Educational and Career Goals: