





## **PROGRAM APPLICATION**

#### UC LEADS Office, University of California, Davis

250 Mrak Hall, One Shields Avenue, Davis, CA 95616 Phone: (530) 752-0604

Application Deadline: Last Friday in February Annually

# I. APPLICANT INFORMATION

Name											
Last		First	t					Middl	e		
Current Address											
			(	City		Sta	ate		Zip		
Permanent Address											
			(	City		Sta	ate		Zip		
Davis/Local Phone ()			Pe	rman	ent Ph	one (		_)			
E-mail Address											
Date of BirthPlace of Birth		S	Studer	nt ID <u></u>					N	Male □]	Female
Citizenship (check one):  □ U.S. Citizen  □ Pe	rmane	ent Re	siden	t	□ Ot	her (spe	ecify)				
How do you describe yourself? (Check all that appl	ly):										
□ African American □ Asian				🛛 Cai	ucasiaı	n		🗆 Pa	cific I	[slander	•
□ Chicano/Latino □ Filipino	э			Sc	outheas	st Asian	l	🗆 Na	ative		
What was the first language you spoke at home:										<u>(</u> tr	ibe)
II. FAMILY INFORMATION											
Father's Name											
Last		_		First					Mic		
Highest Grade Completed (please circle):45	6	7	8	9	10	11	12	13	14	15	16
College Degree Earned (Check all that apply): □ Bachelor's		□ N	Aastei	r's			Doct	orate		None	
Mother's Name											
Last			F	First					Mic	ldle	
Highest Grade Completed (please circle): 4 5	6	7	8	9	10	11	12	13	14	15	16
College Degree Earned (Check all that apply):											
□ Bachelor's		🗆 N	Aastei	r's			Doct	orate		None	

## **III. FINANCIAL INFORMATION**

Are you	currently eligible to receive financial aid?	□ Yes	□ No				
If yes, p	If yes, please attach a copy of your UC Davis financial aid award letter.						
With reg	gard to financial aid, are you considered to be independent or depen	ndent on your parents?					
If Inder	pendent:						
-	What is the size of your household, including yourself, spouse, and	d/or other dependents?					
	Did you file a federal income tax return for last year?						
	If yes, what was your <b>taxable</b> income? \$						
	(Can be found on IRS Form 1040)						
	* Please include a photocopy of the appropriate federal income t	ax return.					
If Depe	ndent:						
	What is the size of your parent's household, including yourself, sp	ouse, and/or other depend	lents?				
	Did your parents file a federal income tax return for last year?						
	If yes, what was their <b>taxable</b> income? \$						
	(Can be found on IRS Form 1040)						
	* Please include a photocopy of the appropriate federal income t	ax return.					

## **IV. EDUCATIONAL INFORMATION**

List the names of all colleges and universities attended.

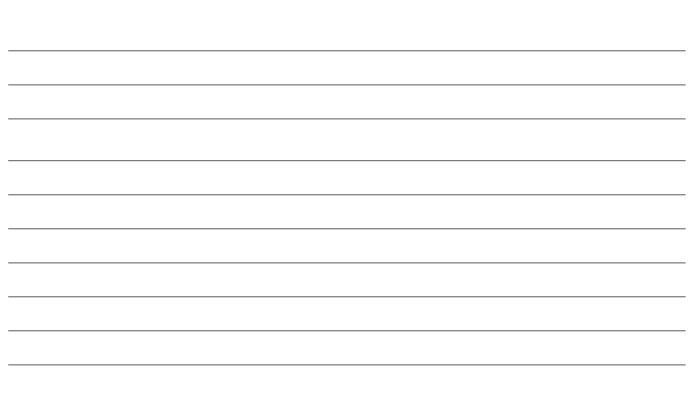
Enrolled From (Month/Year)	To (Month/Year)

**\*\*TRANSFER STUDENT APPLICANTS:** 

Please enclose a copy of official transcripts of all colleges previously attended or arrange for transcripts to be sent to the UC LEADS Office.

What is your cumulative GPA?What is your major and minor, if any?	
How many units have you completed before the end of this term?quarter/semester (circle)	
How many units are you enrolled in this term?	
What is your expected graduation date for the bachelor's degree?	_
Do you intend to apply to graduate school?   Yes  No	
If yes, when do you anticipate applying to graduate school?	
What is the highest degree objective you seek (check only one box)?	
Ph.D.Ed.D.Professional Doctorate (J. D., M.D., D.V.M., etc.)Other	
What is your proposed field of graduate study?	

If you have had prior research experience in a university setting, briefly describe what you accomplished and name the professor(s) with whom worked:



## **V. PERSONAL STATEMENT**

The Personal Statement is required of all applicants. Please describe the strengths and challenges of your preparation for graduate study, your reasons for undertaking graduate study at the doctoral level and your career objectives. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience. In addition, please identify the contributions that you wish to make to your chosen field of study as well as to your community. You should address each of these topics in a statement not to exceed 1,000 typed words. (Please type, double space your statement, staple it to the application, and sign below.)

Signature\_\_\_\_

Date

## LETTER OF RECOMENDATION

This section to be completed by the applicant.	
Full Legal Name	
Proposed Field of Graduate Study	
	s to review this letter of recommendation conferred by the Family Education ive selected will not affect consideration of the application for admission.)
Signature	Date

- 1. How long have you known the applicant and in what capacity?
- 2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of attaining a Ph.D.
- 3. What is your candid appraisal of the applicant's intellectual ability, aptitude in research, potential for doctoral study, and the quality of previous work?
- 4. Please list the areas in which you believe this applicant needs to develop in order to ensure his/her successful admission to an academic doctoral degree program.

Recommender's Name	Date	
School/Other		
Address		
Signature	Date	
Please mail this form to:		

UC LEADS Program University of California, Davis 250 Mrak Hall One Shields Avenue Davis, CA 95616

Thank you for your prompt response.

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Address		
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