UCSD Maximizing Access to Research Careers (MARC)

Program Application

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

☐ American Indian/Alaskan   ☐ Pacific Islander/Hawaiian   ☐ Black/African American

☐ Hispanic/Latino   ☐ White/Caucasian   ☐ Other_____

Gender

☐ Female   ☐ Male

Military Service

☐ Veteran   ☐ Non-Veteran

Citizenship Status

☐ U.S. Citizen   ☐ Naturalized Citizen

☐ Permanent Resident

Briefly State Your Educational and Career Goals:

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