

REQUEST FOR SUNY-AGEP SUPPORT UNDER CATEGORY 1
(Campus visit of an AGEP-eligible prospective doctoral student)

Full Name of Prospective Doctoral Student: _____

Last 4 digits of Social Security Number: _____

Person Number: _____

Prospective Student's Home Address:

Prospective Student's E-Mail Address: _____

U.S. Citizen or Permanent Resident: Yes _____ No _____

Specify Category of Underrepresented Minority Group Membership:

- _____ Black (African-American)
- _____ Hispanic/Latino
- _____ American Indian/Alaskan Native (Native American)

Prospective Student's Intended Doctoral Program: _____

Doctoral Program Entry Semester: _____

Anticipated Date of Campus Visit: _____

Proposing Academic Department Name: _____

Confirmation of eligibility: Through my signature below, I confirm that the prospective student described above has formally applied and has been (or will be) accepted for admission to the doctoral program indicated, and that a campus visit by the prospective student is likely to be influential in his/her decision to accept our admission offer.

Name and Title of Requesting Departmental Officer (must be Chair or DGS):

Signature of Requesting Officer:

Date: _____