

REQUEST FOR SUNY-AGEP SUPPORT UNDER CATEGORY 3
(Conference attendance by an AGEP-eligible enrolled graduate student)

Full Name of Enrolled Graduate Student: _____

Last 4 digits of Social Security Number: _____

Person Number: _____

Enrolled Student's Local Address:

Enrolled 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)

Student's Graduate Program of Enrollment: _____

Level of Study: Master's _____ Ph.D. _____

Graduate Program Initial Entry Semester: _____

Title, Location and Dates of Conference/Professional Meeting:

Name of Accompanying Faculty Member (if any): _____

Proposing Academic Department Name: _____

Confirmation of eligibility: Through my signature below, I confirm that the graduate student in question meets all eligibility criteria and that the conference/professional meeting described above is relevant to his/her graduate studies.

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

Signature of Requesting Officer:

Date: _____