

OAKLAND UNIVERSITY
KING / CHAVEZ / PARKS
FUTURE FACULTY FELLOWSHIP PROGRAM

APPLICATION FORM

Date: _____ Student No: _____

Soc. Sec. No: _____

Name: _____
Last First Middle (Previous Name)

Address: _____
City State ZIP

Home Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ *Gender: _____ Male _____ Female

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

Have you been a resident of the state of Michigan for the past six months? _____ Yes _____ No

An OU Application for Graduate Study was submitted on: _____

Level of Study: _____ Master's _____ Doctoral

Program: _____

Projected Start Date: _____ Projected Completion Date: _____

In addition to this application, you must attach a statement indicating your academic and career goals, two letters of recommendation, a letter from your program coordinator or department chair indicating that you will satisfactorily complete your degree on time and your resume or curriculum vitae.

Your application will not be considered until all materials have been received.

All application materials are due to the Graduate School by the appropriate due date each year.

Forward materials to: KCP Future Faculty Fellowship Program
Graduate School
Oakland University
520 O'Dowd Hall
Rochester, MI 48309-4401

*Completion of this information if voluntary. The purpose of this information is to provide statistical analysis/reporting. Any information provided will be kept confidential. If you choose not to respond, your application will not be hindered.