

2025-26 CALIFORNIA PRE-DOCTORAL PROGRAM HPT APPLICATION

I. General Information

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Telephone: () _____ Email: _____
Please include area code Please provide an email, this is our main form of communication.

Are you currently enrolled at a CSU: Yes No First Generation College Student? Yes No

Did you receive an A.A. or A.S. degree at a Community College? Yes No Name of CC: _____

Ethnic Identity (for statistical purposes only)

- | | | |
|--|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Chicano(a)/Mexican American | <input type="checkbox"/> Filipino | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other Hispanic/Latino(a) | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other (specify): _____ |

Campus Student Identification Number (nine digits): _____

1. II. Personal Information

A. What is the primary language spoken in your home? _____

B. Please identify which family situation best identifies your upbringing: Drop down menu

C. Please indicate your parents' level of education:

Parent 1: No College Some College College Graduate Some Graduate School Completed Graduate School

Parent 2: No College Some College College Graduate Some Graduate School Completed Graduate School

D. Please describe any disabilities you may have: _____

E. As an undergraduate, are/were you eligible for need-based financial aid? Yes No

F. Are you treated as an independent student for financial aid purposes? Yes No

G. If yes to question F: What is your *personal* yearly income?

- Less than \$12,000 \$12,001 - \$21,000 \$21,001 - \$35,000 More than \$35,000

H. If no to question F: What is your *family's* yearly income?

- Less than \$30,000 \$30,001 - \$40,000 \$40,001 - \$45,000 More than \$45,000

I. How many hours per week do you work during school? 0 - 10 11-20 21-30 31+

J. Did your spouse or family provide major help with the cost of your undergraduate education? Yes No

III. Educational Information

CSU campus you are now attending: _____

Your class level as of spring 2025: Junior Senior Masters

Major: _____ Minor (if any): _____

Date you expect to receive your CSU degree: _____

If you are a graduate student, when did you receive your bachelor's degree? _____

Planned date of entry into a doctoral program: _____

Discipline in which you intend to pursue doctoral study: _____

G.P.A (Grade Point Average, 4.0 = A): _____
Undergraduate GPA GPA in Major Graduate GPA

Please provide your GRE scores: _____
Verbal Math Analytical Subject

When will your GRE scores be available, if applicable? _____

IV. Essays

The following three essays will be used to assess your written communication skills as well as your readiness for and commitment to doctoral study. Please think carefully about what you would like to say, and compose your essay with care. ***Each essay should be approximately 300 – 600 words in length.***

1. Describe the field of study in which you would like to pursue a doctoral degree and the research questions or theoretical perspectives that interest you in this field. Please be specific.
2. What elements of your educational, research, community service and/or personal experience have contributed to your interest in and preparation for pursuing doctoral study, and your determination to succeed in it?
3. Many professionals with doctoral degrees enter careers to serve as college and university faculty, and most faculty serve a diverse student body. Describe your interest in such a career and experience that would prepare you for it.

Please upload your transcripts to the online application site. One (1) copy of your transcripts (official or unofficial) must be submitted with your application. Graduate students ***must*** include a copy of ***both*** undergraduate and graduate transcripts from all institutions, including the CSU.

Please read the statement below and sign where indicated:

The information I have submitted in my 2025-26 Pre-Doctoral Health Professionals Track Application is true and accurate to the best of my knowledge. You have my permission to provide my name, address, transcripts, and the information in this application to other educational institutions that may be interested in having me enroll in their graduate schools or summer research programs.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____