



# AGEP Writing to Win Registration Form

Center for Inclusive Education  
Stony Brook University  
Melville Library E1340  
Stony Brook, NY 11794-3387  
Tel: (631) 632-1384  
Fax: (631) 632-1837

## Student Information

Name: \_\_\_\_\_

Citizenship Status:       US Citizen                                       Permanent Resident

Ethnicity:                       African American/Black                       Hispanic/Latino

Pacific Islander                                       Asian

Native American/Alaskan                       Caucasian

## Contact Information

Campus Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Academic Information

Major: \_\_\_\_\_ Year: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Degree Goal:                       Masters                                       PH.D.

What fellowship(s) do you plan to apply for: \_\_\_\_\_

Who will be your research advisor for this fellowship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_