

BINGHAMTON UNIVERSITY
Department of History

Application for Financial Support

(Information provided will be held in confidence and you may provide additional comments)

Name _____ B# _____

Address _____

Phone _____ Current Level _____ MA _____ PhD _____ ABD _____

Entry Year _____ Entry Level _____ MA _____ PhD _____

MA/PhD Committee Members _____

Major Field: _____

Minor Fields: _____

Under Affirmative Action Policies, I request consideration as (check one):

African American _____ Hispanic _____ Amerindian _____ Other _____

Record of Graduate Financial Support (Institutions, Date, Titles, Amounts-if any):

____ A RESEARCH PAPER THAT I HAVE WRITTEN IS ATTACHED TO THIS APPLICATION.

APPLICATION DEADLINE: January 9, 2017

The answers provided here I certify to be a complete and truthful statement. I understand that if details provided on this form are later found to be incorrect and that I know such details to be incorrect, any offer of financial aid by the Department of History may be withdrawn by the Department.

NAME (PRINT) SIGNATURE DATE