California State University

STEM Pathways & Research Alliance

CSU CAMPUS: Los Angeles YEAR: 2026 - 2027

The California State University STEM Pathways & Research Alliance (CSU-SPaRA) is a coordinated systemwide program aimed at preparing the next generation of science, technology, engineering, and mathematics (STEM) workers by providing academic support and professional development to students from the California State University (CSU) system. Each of the 22 CSU-SPaRA programs offers activities and services designed to improve the retention, graduation and degree attainment of undergraduate students in STEM. In addition, the CSU-SPaRA seeks to increase the number of CSU students who enroll in STEM graduate programs.

To be eligible to participate in CSU-SPaRA a student must:

- Be a U.S. Citizen or Permanent Resident.
- Be enrolled at a participating CSU campus in an undergraduate major in a STEM discipline.
- Be an individual interested in pursuing graduate studies or join the workforce in a STEM field that is outside the health profession degrees or careers.

Individual CSU-SPaRA programs may have additional criteria to recruit student participants. Please see your Campus Coordinator for more information.

I. General Information

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Telephone: (____) _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City, State, & Country

Student ID #: _____

Funding for CSU-SPaRA is provided by the California State University's Office of the Chancellor

A. Citizenship: ☐ U.S. Citizen ☐ Permanent Resident

If applicable, Permanent Resident Registration #: _____

B. Please mark one of the boxes provided below to indicate your category (for statistical purposes only):

☐ Male

☐ Female

☐ Non-binary/3rd gender

☐ Prefer not to respond

C. Please mark one of the boxes provided below to indicate **both** your categories:

(1) Ethnicity (for statistical purposes only):

☐ Hispanic or Latinx (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

☐ Not Hispanic or Latino

☐ Prefer not to respond

(2) Race (for statistical purposes only):

☐ Black and African-American - A person having origins in any of the black racial groups in Africa.

☐ Native Hawaiian and Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands.

☐ American Indian - A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

☐ Alaska Native - A person having origins in any of the original peoples of Alaska, including Eskimos or Aleuts.

☐ Asian - A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Other (specify): _____

☐ Prefer not to respond

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II. ADDITIONAL INFORMATION

A. Please indicate your parents' level of education:

Mother: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Father: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

B. Disability Status (for statistical purposes only):

Please check "yes" if any of the disabilities listed below apply to you. Otherwise, check no or decline to state. ☐ Yes ☐ No ☐ Prefer not to respond

- Deaf or serious difficulty hearing.
- Blind or serious difficulty seeing even when wearing glasses.
- Serious difficulty walking or climbing stairs.
- Other serious disability related to a physical, mental, or emotional condition.

C. Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No ☐ Prefer not to respond

D. Are you a member of the LGBTQ+ community? ☐ Yes ☐ No ☐ Prefer not to respond

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

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

III. EDUCATIONAL INFORMATION

A. Major: _____ Minor (if any): _____

B. Class Level: _____(e.g. first-year, sophomore, junior, or senior)

C. G.P.A. (Do not round up): _____

D. Date you expect to receive your CSU undergraduate degree: _____

E. Anticipated undergraduate degree (BA/BS): _____

F. Did you transfer from a California Community College? ☐ Yes ☐ No

   a. If yes, which College: _____

G. Did you complete an Associate's degree? ☐ Yes ☐ No

H. What is your Career Goal? _____

I. Are you interested in obtaining a graduate degree at the master's or PhD level?

   ☐ Yes ☐ No ☐ Maybe

J. Are you interested in obtaining a professional degree (e.g., MD, OD, DDS, Pharm, PA, etc.)?

   ☐ Yes ☐ No ☐ Maybe

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IV. Student Consent for Release of Information

Please read the statement below and sign where indicated:

The information I have submitted in my CSU-SPaRA Application is true and accurate to the best of my knowledge. I understand that to track the progress of the CSU-SPaRA students and to evaluate program effectiveness, CSU-SPaRA requires access to student information. The CSU-SPaRA program uses individual student data to study student transfer, retention, progression, and graduation. Photographs and research abstracts may also be obtained for use by the CSU-SPaRA in program dissemination materials such as websites, social media, newsletters, and reports. The student data are collected by the CSU-SPaRA Statewide Office at California State University, Sacramento and each of the 22 affiliated CSU campuses.

I authorize release and use of personal information, as described above, to the CSU-SPaRA program. I understand that this information is to be used solely for evaluating the impact and effectiveness of the CSU-SPaRA program and that individual student data will not be released to parties other than those directly involved with the program.

I have read and understand all of the statements above.

Printed Name of Applicant:

_____

Signature of Applicant: _____ *Date:* _____

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Campus Coordinator Approval and Certification

The above-named student is approved as a CSU-SPaRA student:

Yes – Applicant meets eligibility criteria.

No – Applicant does not eligibility criteria.

Printed Name of Campus Coordinator: _____

Signature of Campus Coordinator: _____ **Date:** _____

Student Acknowledgement:
TO BE SIGNED BY STUDENT UPON APPROVAL TO PROGRAM

I understand that I have been accepted to the CSU-SPaRA Program and granted access to the various activities therein. I further understand that I must maintain expectations explained to me by the CSU-SPaRA Campus Coordinator for continued involvement in the program.

Signed: _____ Date: _____

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