

Tennessee Louis Stokes Alliance for Minority Participation (TLSAMP)
Tennessee State University
Current Student Application

Date: _____

Application Semester: Fall _____ Spring _____ (Applications due each semester)

***Check here if you are new to the TLSAMP program _____

Applying for Mentor _____ (3.0 GPA required)

Research Assistant _____ (2.75 GPA required)

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

T Number: T-_____

Gender: Female: _____ Male: _____

Expected Graduation Date: _____

Race/Ethnicity (Check only one):

African American _____

Alaskan Native _____

Hispanic American _____

Pacific Islander _____

Native American _____

Caucasian _____

Other _____

Decline: _____

Citizenship (Check only one)

US Citizen _____

Permanent Resident _____

Other _____

Decline _____

Contact Information

Permanent Address: _____

City/State/Zip: _____

School Address: _____

City/State/Zip: _____

Primary Email: _____

Alternate Email: _____

Contact Number: _____ Cell, Home, Dorm (Circle one)

Academic Information

Major: (Check only one):

Aeronautical & Industrial Technology _____

Agricultural Sciences _____

Architectural Engineering _____

Biology _____

Chemistry _____

Civil Engineering _____

Computer Science _____

Electrical Engineering _____

Mathematics _____

Mechanical Engineering _____

Physics _____

Other (Specify) _____

Classification (Check only one)

Freshman _____

Sophomore _____

Junior _____

Senior _____

GPA (Overall): _____

Extracurricular Activities

List previous and current leadership roles?

List volunteer activities?

List organizations you belong to?

What TSU activities are you interested in?

PLEASE READ AND SIGN ACKNOWLEDGING YOUR ACCEPTANCE OF THE PROGRAM REQUIREMENTS.

I will attend all programs and scheduled events

1. Monthly Seminars
2. Mentor/Research Assistant Monthly Breakout Meetings
3. Research Conference

As a TLSAMP participant, I will diligently, consistently, and actively execute assignments as defined by the program director.

I further authorize the TLSAMP program to report my academic information to NSF, the TLSAMP funding agency.

Submittal of this application confirms my acknowledgement and commitment to the requirements of TLSAMP.

Print Name _____ Date _____

Sign Name _____